

Shotokan Classic

Training & Tournament

May 16th & 17th, 2008
 Kenwood Trail Middle School
 19455 Kenwood Trail
 Lakeville, MN 55044

using a combination of full or half points totaling 3 points). Brown/Black Belt divisions will use Ippon Kumite (one point system with one full point (Ippon) or two half points (Wazari).

Schedule of Events

Fri., May 16th 7:00-8:30 PM Seminar
 Sat., May 17th 8:30-10:00 AM Seminar
 9:00-10:30 AM Registration
 10:45-11:00 AM Tournament Regulations
 11:00- ? PM Tournament

Special Instructions - Entry fee includes all events (Kata, Team Kata, and Kumite).

Rank Definitions - Beginner: White Belt, Yellow Belt, Orange Belt, Blue Belt; Intermediate: Green Belt, Purple Belt; Advanced: Brown Belt, Black Belt.

Kata: All participants must perform Japanese or Okinawan Kata. Participants will be scored on their Kata. In case of a tie, participant must be prepared to perform a second kata to be determined by the Chief Judge.

Team Kata: Four Divisions: Youth Beginner/Intermediate (Age 6 – 11) (White thru Purple) Junior/Adult Beginner/Intermediate – (White-Purple) & Advanced Brown/Black Belt The oldest member of the team and the highest ranking team member determines the division of competition. Modified Repicharge will be used in Team Kata.

Kumite: Modified Repicharge will be used in Kumite with two-minute matches. White thru Purple Belt divisions will use Sanbon Kumite (A three point system

Awards – Awards will be presented to first, second and third places for individual kata, team kata, and kumite and also participation awards for youth.

Housing - Individuals that need housing are encouraged to make reservations well in advance of the tournament at any of the following establishments:

- AmericInn – 17145 Kenyon Ave (952) 892-5422
- Comfort Inn – 10935 176th St W (952) 898-3700
- Friendly Host Inn - 17296 Kenrick Ave (952) 435-7191
- Holiday Inn - 20800 Kenrick Avenue (800) 465-4329
- Motel 6 - 11274 210th St. W (952) 469-1900
- Super 8 Motel – 20800 Kenrick Ave (952) 469-1134

Tournament Officials reserve the right to combine or split divisions if too few or too many competitors in any one division.

REGISTRATION FORM & WAIVER

(This form may be copied. Each participant must fill out separate forms.)

ATHLETE LAST NAME										ATHLETE FIRST NAME									
ATHLETE MAILING ADDRESS																			
CITY/TOWN										STATE		ZIP CODE				AGE		SEX	
ATHLETE EVENING TELEPHONE				DATE OF BIRTH				DOJO LOCATION											
ATHLETE DAYTIME TELEPHONE				RANK		INSTRUCTOR/COACH													

Package Price - \$55.00 **

(PACKAGE INCLUDES: Friday & Saturday Seminars, Tournament) \$ _____

Individual Pricing - (If not taking Package)

Friday Seminar	\$20.00	\$ _____	Saturday Seminar	\$ 20.00	\$ _____
Both Seminars	\$30.00	\$ _____	Tournament	\$ 40.00	\$ _____

TOTAL FEES \$ _____

MAXIMUM FAMILY PRICE \$100.00

MAIL REGISTRATION TO: Lakeville Karate Club, 1388 210th Ave., Balaton, MN 56115

If you have any questions, call Sensei Jerry Lupkes at 952-240-2521.

ATHLETE WAIVER & RELEASE

In consideration of being allowed to participate in any way in the annual Shotokan Classic Karate Tournament, events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
 - 1b. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, they each should inspect the facilities and equipment to be used, and if the participant believes anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence, but the actions, inaction's or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Acknowledge that it is the participant's responsibility to properly insure and/or pay all medical costs in the event of an injury, and to be knowledgeable of where to contact assistance in the case of an emergency.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the City of Lakeville, Kenwood Trail Junior High School, the Lakeville Shotokan Karate Club, the American Shotokan Karate Federation, Central Minnesota Karate, Gym-Nation, their affiliated clubs, their respective administrators, officers, directors, agents, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releasees, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. In the event that injury or illness while competing in the annual Shotokan Classic Karate Tournament activities, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency medical facility and/or hospital.
7. Hereby consent to allow the use of my picture and/or voice or likeness in any official documentary, promotional, exclusive television and radio or film coverage of the annual Shotokan Classic Karate Tournament activities in any manner incidental to my participation said activities and without compensation to me.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

Printed Athlete Name

Signed Athlete Name

Signature of Parent/Legal Guardian if Athlete under Age 18

Date Signed

Emergency Contact Name

Emergency Contact Telephone

FOR OFFICE USE ONLY:

Date Received:

Fee Paid: Yes No

Amount \$

Cash !! Check !

Check No.

Waiver: Yes No