



GKR KARATE
KARATE FOR EVERYONE



COMPETITOR DETAILS

Please tick YES or NO to the following questions and statements.
(If the answer is YES to any of these questions, please give details.)

Do you have any allergies? e.g. aspirin; antibiotics; foods? ☐ YES ☐ NO

Are you taking any form of medication at present? ☐ YES ☐ NO

If yes, please give details: _____

DOCTOR'S DETAILS:

1. Name: _____ Phone: _____

Address: _____

EMERGENCY CONTACT DETAILS:

1. Name: _____ Relationship: _____

Phone: _____ Other No: _____

2. Name: _____ Relationship: _____

Phone No: _____ Other No: _____

PARENTS TO COMPLETE:

I confirm that my child will be attending the tournament with:

☐ Parent / Guardian ☐ Nominated Person: _____

DECLARATION:

1. I am aware that participation in martial arts, including non-contact GKR Karate tournaments, as with most sports contains a risk of injury.
2. In consideration of my acceptance in the competition, I agree that GKR Karate, its servants and agents and all persons involved in the organisation of the tournament shall be excluded from liability for loss and damage to the fullest extent permitted by law. I accept that this includes exclusion of liability for negligence (other than for death or personal injury) and all indirect or consequential loss or loss of profits arising from my participation in the tournament.
3. Photography and filming. GKR Karate permits the photography and filming of competitors in tournaments. It is a condition for acceptance in the competition that the competitor consents to the occurrence of such photography and filming.
4. In the event of illness or injury, I agree to authorise members of staff attending/participating in the event to consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given on the advice of a qualified medical practitioner/qualified first-aid officer.

Signed: _____ Date: _____

Name (Please print): _____

PAYMENT DETAILS:

☐ Cash \$ _____ ☐ Credit Card \$ _____ (Please fill in details below)

PLEASE CHARGE MY CARD

☐ VISA

☐ MASTERCARD

Credit Card Number

Expiry Date

CVV

Name on Card: _____ Signature: _____ Amount: _____



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REGIONAL KATA TOURNAMENT ENTRY FORM

Name: _____ Age at time of competition: _____

Address: _____

Country: _____ Phone: _____

Region: _____ Dojo: _____

Email: _____ Grade: _____

AGE GROUPS

KATA

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

KATA TEAM EVENTS - TEAM OF 3

<input type="checkbox"/>
<input type="checkbox"/>

• Team events are open to all grades 8th Kyu and above.

TEAM DETAILS List your Team Members here:

1.
2.
3.

GRADE DIVISIONS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Fee Paid:	
Sensei Sign:	
Sensei Name:	

Please ensure that you have ticked only the boxes relevant to your events and that all of your information is filled out correctly.

Protective Equipment is Compulsory for Kumite

Gloves (IGKF/WKF approved only), Shin Protectors & Mouth Guards must be worn by all competitors. Groin Guards for all male competitors are compulsory. Chest Guards are compulsory for all female competitors from 12 yrs+.



REGIONAL KATA TOURNAMENT

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Competitor Entry Fees:

Spectators:

All fees are strictly non refundable

NB: 1. Competitor to keep this page for tournament details.
2. Competitor must hand in entry form along with fees to instructor.