



Glamorgan Karate Club

Glamorgan Karate Club 6th Annual Fall Tournament

Saturday November 13, 2010

**Tournament events: Kata and Kumite competition for all competitors.
Seminar for Youth competitors**
Adult Seminar: Friday Night – Hosted by Glamorgan Karate Club
Judging Clinic: Friday Night – Hosted by South Calgary Karate Club

SPECIAL GUEST: SENSEI BRAD CROSBY – S.W.K.K.F. SENATE MEMBER

**Contact: info@glamorganwadokai.com or
Kevin Bowes (403) 244-1454 / John Eastly (403) 605-1519**

New Location: Henry Wise Wood High School 910 - 75 AVE SW Calgary, Alberta

Competition Schedule

- Please Note: Mouth guards are **required** for all competitors. If you do not have a mouth guard, there will be limited quantities for purchase at the tournament (\$5).
- Groin protection is **highly recommended**.
- Hand pads are also required, but may be supplied if competitors do not have their own
- Cost: \$20 per competitor; \$50 per family;
 - o Cost includes both Tournament and/or Seminar
 - o Spectators are Free.
- **There will be no concession provided this year.**
- **Banquette**
 - o Details at tournament
- **Friday Adult Seminar / Judging Clinic**
 - o Map and details on page 2

8:15 – 9:00	Youth / Adult Registration	
9:00 – 9:30	Bow in and division of competitors	
Groupings will be defined at division of competitors. All youth competitors must be registered by 9 am.		
9:30 – 11: 00	Group A – Seminar (Auxiliary Gym)	Group B – Competition (Main Gym)
11:00 – 12:00	Black Belt Kumite – Godan (maybe Yodan) and up	
12:00 – 13:30	Group B – Seminar (Auxiliary Gym)	Group A – Competition (Main Gym)
12:00 – 13:30	Adult Registration	
13:30 – 16:30	Adult Competition - White to Black Belts – All Divisions	
16:30 – 18:00	Black Belt Team Competition – King of the Ring	

Black Belts, Brown Belts and Volunteers

- Volunteers, please be at the gym at 8:00 am to help setup
- Black belt meeting at 8:45
- Scoring volunteers meeting at 8:45

Glamorgan Karate Club Fall Tournament



*Retain this portion until
you reach your ring*

Participant Registration Form

Name: _____

Age: _____ Gender: Male / Female

Belt Rank: _____

Club: _____

Circle Events Entered:

Seminar

Kata

Kumite

(Youth only)

Participant information, waiver of claim and assumption of risk

Please read carefully before signing; all participants are required to have this form properly completed and on record with tournament officials before participating.

In consideration of the benefits received by me and of permission granted now and in the future to participate in the tournament, I agree and acknowledge that:

1. I have met all the of the prerequisites and conditions required for participating in the tournament.
2. I will abide by the rules and decisions imposed on the participants of this tournament
3. I recognize there are risks and hazards inherit in the very nature of the tournament and that as a result of these risks and hazards, I as a participant may suffer accident, personal injury,, including death, as well as loss or damage to personal property I nevertheless freely and voluntarily assume the aforesaid risks and hazards and accordingly my participation in any way in the tournament shall be entirely at my own risk.
4. I agree now and in the future to indemnify, hold and save harmless from any claim (including medical services), liability, suit, action, or any other proceeding of any kind arising from my participation in the tournament, the Glamorgan Wado Kai Karate Club, the Shintani Wado Kai Karate Federation, West Island College, their officers, agents, employees, instructors, fellow participants, or authorized guests.
5. The tournament officials may secure such medical advice and services as they, in their sole discretion, may deem necessary for my health and safety and shall not be financially responsible for such advice and services.
6. This INFORMATION, WAIVER OF CLAIM and ASSUMPTION OF RISK is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.
7. The Glamorgan Wado Kai Karate Club is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club and SWKKF, and in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.

***** Permission to publish first name and last initial of competitors (this will be for those who place in the top three.) _____

Competitor's fee: \$20; Family of 3 or more: \$50; cheques made payable to "G.K.C" or "Glamorgan Karate Club"

NOTE: Mouth guards are mandatory; other protective equipment is the responsibility of the participant.

If the participant is under the age of 18 years, a parent or legal guardian must sign; no other signature will be accepted.

Participant's name: _____

Dated at _____ this _____ day of _____ 20____

Signature: _____ Witness: _____