



2015 HAWAII STATE KARATE CHAMPIONSHIP
 USANKF National Qualifier
 Sunday, March 22nd, 2015 (9 am to 4 pm)
 Kalakaua District Park Gym
 720 Mc Neill Street, Honolulu, HI 96817

TEAM ENTRY FORM

TEAM NAME: _____ SENSEI/COACH: _____
 EMAIL: _____ PHONE #: _____

TEAM MEMBERS

1. NAME: _____ WEIGHT: _____ *AGE: _____
 DATE OF BIRTH (month/day/year): ____/____/____ SEX: MALE FEMALE LEVEL: BEG NOV INT ADV
2. NAME: _____ WEIGHT: _____ *AGE: _____
 DATE OF BIRTH (month/day/year): ____/____/____ SEX: MALE FEMALE LEVEL: BEG NOV INT ADV
3. NAME: _____ WEIGHT: _____ *AGE: _____
 DATE OF BIRTH (month/day/year): ____/____/____ SEX: MALE FEMALE LEVEL: BEG NOV INT ADV

*Please make sure to sign up for the age division you will be competing in at the 2015 USANKF Nationals. If your birthday is in between the State Championships and the 2015 USANKF National Championships, you should compete in the older age division in order to compete at the Nationals. Qualification for the 2015 USANKF National Championships requires USANKF membership. Please visit www.usankf.org for membership enrollment.

TEAM KATA (Team kata can be male, female mixed)	TEAM KUMITE MALE	TEAM KUMITE FEMALE
<input type="checkbox"/> 9 & under	<input type="checkbox"/> 7 & under male team kumite	<input type="checkbox"/> 7 & under female team kumite
<input type="checkbox"/> 10 – 13	<input type="checkbox"/> 8 – 9 male team kumite	<input type="checkbox"/> 8 – 9 female team kumite
<input type="checkbox"/> 14 – 17	<input type="checkbox"/> 10 – 11 male team kumite	<input type="checkbox"/> 10 – 11 female team kumite
<input type="checkbox"/> 18 & older	<input type="checkbox"/> 12 – 13 male team kumite	<input type="checkbox"/> 12 – 13 female team kumite
	<input type="checkbox"/> 14 – 15 male team kumite	<input type="checkbox"/> 14 – 15 female team kumite
	<input type="checkbox"/> 16 – 17 male team kumite	<input type="checkbox"/> 16 – 17 female team kumite
	<input type="checkbox"/> 18 – 34 male team kumite	<input type="checkbox"/> 18 – 34 female team kumite

DEADLINE FOR ALL ENTRIES IS SUNDAY, MARCH 15TH, 2015.

Mail entry forms to Kachi Karate at 435 Seaside Ave. #1207, Honolulu, Hawaii 96815, USA. Please make checks payable to: KACHI KARATE. No refunds after 03/15/2015. For more information, please call: (808) 389-5258 or visit www.kachikarate.com. Organizer may combine divisions at his discretion.

REGISTRATION FEES

Each team division \$45

CONTESTANT WAIVER and AFFIRMATION OF ACCURACY

In consideration of my acceptance into this tournament, I agree to release, hold harmless, and indemnify this organization, including but not limited to, participating members and instructors, all clubs, organizations, and firms of any and all liability for injuries, disease, or ill health, or the aggravation of such, all claims, demands, costs, or losses and expenses, including claims at law, which I or my heirs and personal representatives may have arising out of, or caused in any way by, or having connection with my participation in this contest and/or in the care or use of, custody and control of any involved organization, including travel to and from the tournament. All photos of me at the tournament may be used at the organizer's discretion, and we waive compensation for them. I fully understand that any medical treatment given to me will be of a first-aid nature only. I additionally affirm that all tournament registration information is true and accurate.

IF UNDER 18, THIS RELEASE FORM TO BE SIGNED BY PARENT OR GUARDIAN

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|-------------------------|---------------------------------|----------------|
| 1) _____ | _____ | ____/____/____ |
| SIGNATURE OF CONTESTANT | SIGNATURE OF PARENT OR GUARDIAN | DATE |
| 2) _____ | _____ | ____/____/____ |
| SIGNATURE OF CONTESTANT | SIGNATURE OF PARENT OR GUARDIAN | DATE |
| 3) _____ | _____ | ____/____/____ |
| SIGNATURE OF CONTESTANT | SIGNATURE OF PARENT OR GUARDIAN | DATE |