

~ INFORMATION & INSTRUCTIONS ~

For the International Karate Organization Kyokushinkaikan Production of The

2014 ALL AMERICAN OPEN INTERNATIONAL KARATE CHAMPIONSHIPS

Saturday, JUNE 21, 2014 - New York City

1. TO APPLY:

Please complete and return ALL of the following to your IKO Branch Chief, who will then send complete packages to our office:

- REGISTRATION FORM** / Competitors under age 18 **REQUIRE** a Parent or Guardian's presence to compete.
- WAIVER FORM + DRUG TEST AGREEMENT + YOUTH AGE CONFIRMATION** (Birth Certificate or Passport)
- COMPETITOR PROFILE / Tournament Record**
- FEES** / by Credit Card, Certified Check or Money Order ONLY
- PHOTOGRAPHS:** We accept prints, or digital photos via EMAIL in "JPEG" image file format.
You must be in Uniform. Maximum Image File Size: 65k bytes. Image Resolution: 300 pixels high x 250 pixels wide
*Please send to: nyc@ikohonbu.com (E-Mail subject should be: **Picture – 'YOUR NAME'**)*
- MEDICAL DOCUMENTATION:** Send copies with Application, **ORIGINALS MUST BE PRESENTED at Check-In**
 - **Proof of HEALTH INSURANCE** (Personal medical coverage for the competitor)
 - **MEDICAL NOTE** (Doctor's authorization as fit to compete)**All Above Medical Documentation Must be Dated Current: Year 2014*

***Return by MAY 21, 2014 :**

We accept applications from IKO Branch Chiefs **ONLY**, by Postal Mail, Fax or E-Mail **IKO students must apply via IKO Branch Chief*

The IKO Kyokushinkaikan International Committee Office

265 Madison Avenue, 5th Floor, New York, NY 10016, USA

Telephone: (212) 947-3334 / E-Mail: nyc@ikohonbu.com / Website: www.kyokushinkarate.com

**We are not responsible for lost or misdirected correspondence. *Incomplete Applications will NOT be accepted*

This is an IKO Kyokushinkaikan-Sanctioned International Championship Event

2. VISA - If you require a VISA to enter the USA, check Competitor Record page & contact the International Dept NY for assistance.

3. APPLICATIONS will be confirmed by EMAIL. Provide your EXACT contact information in case anything further is required to process your application. **We are not responsible for misdirected correspondence.*

4. COMPETITORS, once accepted MUST CHECK-IN personally on Friday, JUNE 20, 2014 at the NY Dojo.

You are REQUIRED to show your ORIGINAL MEDICAL DOCUMENTATION at that time.

5. TOURNAMENT DIVISIONS / CATEGORIES:

[A] There are FOUR FULL CONTACT Divisions total: one Open Weight Category for Men and three IKO Standard Weight Categories for Women, aged 18 and above. Weight categories will be STRICTLY imposed.

[B] There are SEMI-CONTACT KUMITE divisions for Youths aged 6-17 years old and Senior Men.

[C] There are NON-CONTACT KATA divisions for Youths & Adults.

※ **Exact Youth Categories, Weight Divisions & Kata Divisions will be determined once all applications are received.**

※ **We reserve the right to combine divisions.**

~ PLEASE SEE APPLICATION FORM & RULES FOR COMPLETE DETAILS. ~

6. SPORTSMANSHIP AGREEMENT – Once accepted, competitors MUST adhere to the rules and regulations set forth by the IKO Kyokushinkaikan as well as the mutually understood code of conduct for good sportsmanship and courteous athletic competition or risk immediate disqualification.

7. LIABILITY- The Tournament Committee takes no responsibility for injury of any kind sustained while participating in this event. All competitors are required to assume all risk when participating in this event. Signed Waiver Forms are mandatory.

8. FEES - Once accepted as a participant, all fees are **NON-REFUNDABLE**. Fees cover Registration, Tournament Competition, Souvenir Program, Arena Lunch, Sayonara Party & IKO Training Clinic, Clinic is FREE for Kumite Competitors only with valid IKO membership card and pre-registration - Kata only participants must pay a participation fee for the IKO Training Clinic.

9. APPLICATIONS and all supporting documents and fees are DUE from IKO Branches by MAY 21.

THANK YOU!

APPLICATION FORM

For the International Karate Organization Kyokushinkaikan Production of The 2014 ALL AMERICAN OPEN INTERNATIONAL KARATE CHAMPIONSHIPS Saturday, JUNE 21, 2014 - New York City

NAME: _____ RANK: _____ (Dan / Kyu) SEX: Male / Female
(First) (Last)

IKO Membership ID#: _____ Black Belt ID#: _____ #of Years Training: _____

Telephone#: _____ E-Mail: _____

Citizenship: _____ Date of Birth: _____ Height [cm]: _____ Weight [kg]: _____
(day/month/year)

Instructor's Name: _____ STYLE: _____

IKO Branch Chief Name: _____ Branch Tel# or E-Mail: _____

* Please select your division(s): (check ✓ the selected boxes)

#	Division	Category	Class	Weight	Rank	Age	Selection
1	MEN	Full Contact	Open	n/a	Open	18+	
2	WOMEN	Full Contact	Lightweight	55kg & under	Open	18+	
3	WOMEN	Full Contact	Middleweight	65kg & under	Open	18+	
4	WOMEN	Full Contact	Heavyweight	Over 65kg	Open	18+	
5	*YOUTH	Semi-Contact	Exact Divisions will be determined once all applications are received.		*Open	6 - 17	
9	SR. MEN	Semi-Contact	Lightweight	75kg & under	Green-Black	35+	
10	SR. MEN	Semi-Contact	Heavyweight	Over 75kg	Green-Black	35+	
11	ADULT KATA	No Contact	n/a	n/a	Green-Black	18+	
12	*YOUTH KATA	No Contact	n/a	n/a	*Open	17 & under	
13	Group KATA	No Contact	n/a	n/a	Green-Black	Open	
14	IKO Seminar: 6/22	Please check (✓) at selection box if you will participate			Open	Open	

*YOUTH Divisions will be determined by age &/or weight after all applications are received. We reserve the right to combine divisions #14: Kumite Competitors receive FREE seminar admission but must check the box to reserve space and then MUST present your IKO Membership card or IKO Black Belt Card at the door for entry. This Clinic is open to current IKO Members ONLY, by Pre-Registration.

* PARTICIPATION FEES: All Fees are due by **MAY 21, 2014** (Check ✓ ONE of the following)

- \$150 (FULL or SEMI-CONTACT KUMITE, No extra fees to enter Kata Division)
 \$80 (KATA ONLY) \$50 per participant (Group KATA) // No extra fees for Kumite or Kata Division competitors
IKO Seminar: \$50 (For Kata-only participants and other attending IKO members)

* METHOD OF PAYMENT: Once application is accepted, all fees are Non-Refundable. PLEASE CHECK ONE.

- Certified / Bank Check or Money Order in US\$ Currency enclosed. ~ NO Personal or Traveler's Checks Accepted ~
 Charge to my Credit Card: VISA Master Card AMEX

Account#: _____ Expiration Date: _____ / _____ Security Code#: _____

Card Holder Name: _____ Telephone#: _____

I, the undersigned, do understand that on condition of my accepted entry to this competition, all application fees paid by me are non-refundable. Furthermore, I do hereby swear that the personal information entered above is true and correct, and to obey the rules and regulations set forth by the IKO Kyokushinkaikan, the sanctioning body of this event, to participate fairly, conduct myself professionally and to compete to the best of my ability.

* X: _____ Date: _____ / _____ / _____
(day/month/year)

Guardian's Signature, REQUIRED for persons under 18: X

If under 18, PARENT/GUARDIAN **must be present** at this event in order for YOUTH competitor to participate.

All YOUTH Participants: AGE VERIFICATION by Passport or US Birth Certificate is required

COMPETITOR PROFILE ~ TOURNAMENT RECORD

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Saturday, JUNE 21, 2014 - New York City

NAME: _____ **RANK:** _____ (Dan / Kyu) **SEX:** Male / Female
(First) (Last)

IKO Membership ID#: _____ **Black Belt ID#:** _____ **#of Years Training:** _____

Telephone#: _____ **E-Mail:** _____

Citizenship: _____ **Date of Birth:** _____ **Height [cm]:** _____ **Weight [kg]:** _____
(day/month/year)

Nationality: _____ **Passport Number:** _____

Home Address: _____

Instructor's Name: _____ **School or Style:** _____

School Address: _____

IKO Branch Chief Name (if different from above): _____

Branch Telephone# or E-Mail address: _____

Do YOU need an **ENTRY VISA** to USA?

YES NO

IF YES, you must enclose a **photocopy of your PASSPORT** (photo page) with your completed application.

Visa Assistance:

*If you have family members, supporters or friends who also need an entry visa to USA to attend this event, please attach all photocopies of his/her passport along with a formal letter detailing his/her full name, address, occupation and relationship to you when returning this form. Fees will apply for Visa assistance service and are non-refundable. **VISA is NOT GUARANTEED.***

PARENTS of All Youth Competitors:

• **Physical Disabilities, Ailments that we should be aware of?**

• **Emergency Contact:** (please provide us detailed information - parents name, telephone#, mobile# etc.)

* **PASSPORT or Birth Certificate** for Youths is required as proof of AGE - see "YOUTH AGE VERIFICATION" waiver
* **PARENTS/GUARDIANS MUST be present during Youth competition events**

TOURNAMENT RECORD

Start the list with the most recent event you participated in.

*If you have participated in too many to list, just list your best finishes. If this is your **FIRST** competition, make a note of it below. Please be accurate and truthful to the best of your ability. This information will be verified and may be used to determine placement.*

MONTH/ YEAR _____ **TOURNAMENT NAME / LOCATION** _____ **RESULT** _____

WAIVER FORM

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COMPETITOR'S NAME:

(First)

(Last)

In consideration of being permitted to attend and participate in the **2014 All American Open International Karate Championships** (hereafter, "EVENT") on the date of June 21, 2014 in New York City, the United States of America,

I, _____ (*participant's name*), for my self, my spouse, legal representatives, heirs and assigns, hereby release, waive and forever discharge the International Karate Organization (IKO) Kyokushinkaikan, its officers and members (collectively, the "Releases") from any and all claim, demand action or right of action, of whatever kind of nature, either in law or in equity, for damages for death, personal injury, illness or property damage which I may have, or which may subsequently accrue to me, arising out of or connected in any way with my participation in the championship program at the **EVENT**, whether caused by the negligence of the Releases or otherwise.

I further release the Releases from any claim whatsoever on account of first aid, treatment or service rendered to me during my participation in the championship program at the **EVENT**.

I further understand that serious accidents occasionally occur in the sport of Karate, and that persons engaging in Karate occasionally sustain mortal or serious personal injuries and /or property damage as a consequence thereof. Knowing the risks of Karate, nevertheless, I hereby agree to personally assume all risks and to release and hold harmless the Releasees who, through negligence or otherwise, might be liable to me, my spouse, legal representatives, heirs and assigns for damages.

As a participant in the **EVENT**, I hereby pledge to adhere to all Rules and Regulations set forth by the IKO Kyokushinkaikan as well as the mutually understood code of conduct for good sportsmanship and amateur athletic competition.

Furthermore, I consent that any pictures, videotape or film furnished by me or for any purpose taken of me in connection with The IKO Kyokushinkaikan, Kyokushin U.S.A., Inc. and / or the **EVENT** shall become the property of Kyokushin USA, Inc. and may be used for publicity, promotion or television showing, at their discretion, and hereby waive compensation, acknowledgment and any claim in regard thereto.

I expressly agree that the provisions of this release, waiver and indemnity are contractual (and not a mere recital), and are governed by and shall be construed in accordance with the laws of the State of New York, and are intended to be as broad and inclusive as permitted by the laws of the State of New York, and that if any portion thereof is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect. This waiver, release and assumption of risk is to be binding on my heirs, my guardians (if applicable) and assigns.

In witness whereof, I have executed this instrument as of _____ / _____ / _____ as above first written.
(day) (month) (year)

NAME:

(Please Print or Type)

Signature: X _____ **Date:** _____ / _____ / _____
(day) (month) (year)

I understand that my signature as PARTICIPANT above here written is also binding upon the Drug Test Agreement below.

Guardian's Signature REQUIRED for participants under 18: X

I understand that my signature as GUARDIAN above here written is also binding upon the Participant's DRUG TEST AGREEMENT & YOUTH AGE VERIFICATION below.

DRUG TEST AGREEMENT

In respect of the **EVENT** above named, I approve with my signature above, the following:

- 1 I understand the purpose of the Drug Test and will cooperate with the Tournament Committee by undergoing the Drug Test at their discretion.
- 2 For the Drug Test, I will explicitly follow the directions given by the Tournament Committee.
- 3 If I fail to pass the Drug Test, I will not oppose the Committee's decision to disqualify me from participation in the Event without refund of any Fees paid by me to participate in said Championships and without compensation for any expenses incurred by me or subsequently accrued by me in connection with my intended participation at this Event.

YOUTH AGE VERIFICATION

In respect of the **EVENT** above named, I hereby affirm with my signature above that the Youth Participant's AGE as stated on this application is accurate. A copy of one of the following documents is attached to this application to verify this assertion (circle one below): **additionally please present the original document on check-in*

*BIRTH CERTIFICATE copy enclosed

*PASSPORT copy enclosed