

EDMONTON CUP KYOKUSHIN KARATE CHAMPIONSHIP

Saturday January 11th, 2025

Strathcona High School, 10450-72 Ave NW, 8am-5pm

Name: _____ Date of Birth: _____ Age (on Jan. 11th) _____

Height: _____ Weight: _____ Belt Level: _____ Male/Female: _____

Dojo: _____ Instructor: _____ IKO#: _____ Phone# _____

Non-Contact (\$25)

Knockdown 12 & under (\$30)

Knockdown 13 & over (\$30)

12 & under

< 61lbs _____

Girls Age 13-14 _____

< 61lbs _____

61-70lbs _____

Girls Age 15-17 _____

61-70lbs _____

71-80lbs _____

Women CB 18 & over (135lbs & under) _____

71-85lbs _____

81-90lbs _____

Women CB 18 & over (136lbs & over) _____

86lbs & over _____

91-100lbs _____

Boys Age 13-14 _____

13-16 years _____

101+lbs _____

Boys Age 15-17 _____

Men CB 18 & over (165 lbs & under) _____

Men CB 18 & over (166 lbs & over) _____

Men Senior (35 & over) _____

Women OPEN _____ Men OPEN _____

Kata (\$25) Division:

ONE: _____ TWO: _____ THREE: _____ FOUR: _____ FIVE: _____

SIX: _____ SEVEN: _____ EIGHT: _____ NINE: _____ TEN: _____

****All divisions may be altered, split or combined by age, weight or by organizer's discretion. ****

Waiver

I, the undersigned, do hereby voluntarily submit my application for participation in the Edmonton Cup Kyokushin Karate Championships. I assume all responsibility for any and all damages, bodily injuries, death or losses of every kind and description that I may sustain or incur while participating in this tournament. I hereby waive all claims and forever release and hold harmless the promoters, sponsors, participants and officials of said karate tournament for any injuries that I might sustain, whether or not these injuries were due to the negligence of others. I fully understand that karate is a contact sport where serious injuries may occur, and that any medical treatment given to me will be of the first aid type only. I further state that I am in good physical health, and that I have my doctor's approval to participate in this tournament. If signing as a parent or legal guardian of a participant, I assume all responsibility on the participant's behalf. If a participant is under 18, a parent or legal guardian must sign.

Signature: _____ or Signature of parent/guardian: _____

Entry deadline January 7, 2025.

Email form and fees to:

Sempai Joe Johnston kyokushin-edmonton@live.com

PH: 780-289-8078