

BRITISH KARATE KYOKUSHINKAI

English Open 2018



13th May 2018

Great Dunmow Leisure Centre, Parsonage Downs, Dunmow, CM6 2AT

Junior Knockdown Event - IFK Rules

Medical and Weigh In : 9.00am
Fighting Starts : 11.00am

Please ensure weight boxes are filled in accurately to ensure grouping of fighters in safe category limits.

Weight Now

Intended Tournament Weight

<u>Weight Now</u>	<u>Intended Tournament Weight</u>

If, at the weigh in, any fighter fails to come close to the weight they have entered in - it will be at the discretion of the Tournament Organisers if the fighter will be disqualified from fighting on the day.

It is recommended that competitors obtain personal accident insurance cover for the tournament.

FIGHTERS DETAILS

Family Name: _____ First Name _____

Age: _____ Sex: Male / Female *

Dojo: _____ License No: _____ Grade: _____

*Note: * Delete as necessary*

Number of Previous Knockdown Tournaments Entered: _____

Number of Years Training: _____

Fighters Knockdown Tournament History - (Placed Positions Only - Most Recent First)

1	_____
2	_____
3	_____

Please return signed Entry Form by email or post to: Gareth Jones, 4 Lon Heulog, Hawthorn, CF37 5LW
gareth.jones1984@hotmail.com

by no later than **29th April 2018** ***No late entries will be accepted***

Note: Club Instructor must verify the details above by signing the form below – If this form is not verified by an instructor entry will not be permitted.

Entry Fee **£10.00** per fighter (Cheques payable to British Karate Kyokushinkai)

Club Instructor/Operators Name: _____ Signature: _____

Address: _____

I certify that the above entrant is between 12 - 15 years of age and has been training for at least two years and has a current and up to date BKK License. This competitor is competent to fight in the category entered.

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Parental Consent Form

Parental consent is required for BKK Kyokushinkai Rules Tournaments.

I agree to _____ (full name) taking part in this tournament and have read the information sheet(s)

Date of Birth _____

Medical Information about participant

Are there any medical conditions requiring medical treatment or medication? Yes / No

If Yes please give details

Please outline any special dietary requirements _____

Please list any pain relief / flu symptom relief drugs that may be administered by the medical authorities (e.g. paracetamol, aspirin, ibuprofen.)

A Medical Form will need to be completed and signed prior to the event

Contact Details

Name of Parent or Guardian _____

Home Address _____

Home Telephone Number _____

Mobile Telephone Number _____

Alternative Telephone Number _____

Contact email address _____

Doctors Details

Name _____ Telephone Number _____

Address _____

Declaration

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of general anaesthetic and / or blood transfusion and to surgical operations in the case of an emergency, as considered necessary by the medical authorities present. The organisers accept no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by the negligence of the BKK or any member of its staff.

I understand that photographs may be taken of the event and I permit these photographs to be used in future advertising and promotion of the BKK. While this permission can be withdrawn at any time, in the event of printed matter having been produced a recall and shredding will not be offered but the photograph will not be used in future publicity.

I have received full information and agree to my child's participation in all outlined activities

Signed _____ Dated _____

(to be signed by the parent or guardian of the participant)