



2017 USA KARATE HAWAII STATE QUALIFIER

Sunday, March 5th, 2017 (9 am to 4 pm)
 Manoa District Gym #2
 2721 Kaaipu Ave, Honolulu, HI 96822

KUMITE ENTRY FORM

FIRST NAME: _____	LAST NAME: _____	SEX (Circle One): MALE FEMALE
DATE OF BIRTH(month/day/year): ____/____/____	*AGE (day of tournament): ____	RANK: _____ PHONE #: _____
ADDRESS: _____		
EMAIL: _____	USANKF MEMBERSHIP #: _____	
DOJO: _____	SENSEI/COACH: _____	

*Please make sure to sign up for the age division you will be competing in at the 2017 USANKF Nationals. If your birthday is in between the State Championships and the 2017 USANKF National Championships, you should compete in the older age division in order to compete at the Nationals. Qualification for the 2017 USANKF National Championships requires USANKF membership. Please visit www.usankf.org for membership enrollment.

BEGINNERS (Less than 1 year training)	NOVICE (1 to 2 years training)	INTERMEDIATE (2 to 3 years training)	ADVANCED (3+ years training or black)
<input type="checkbox"/> 5 & under male kumite	<input type="checkbox"/> 5 & under male kumite	<input type="checkbox"/> 5 & under male kumite	<input type="checkbox"/> 5 & under male kumite
<input type="checkbox"/> 5 & under female kumite	<input type="checkbox"/> 5 & under female kumite	<input type="checkbox"/> 5 & under female kumite	<input type="checkbox"/> 5 & under female kumite
<input type="checkbox"/> 6 – 7 male kumite	<input type="checkbox"/> 6 – 7 male kumite	<input type="checkbox"/> 6 – 7 male kumite	<input type="checkbox"/> 6 – 7 male kumite
<input type="checkbox"/> 6 – 7 female kumite	<input type="checkbox"/> 6 – 7 female kumite	<input type="checkbox"/> 6 – 7 female kumite	<input type="checkbox"/> 6 – 7 female kumite
<input type="checkbox"/> 8 – 9 male kumite	<input type="checkbox"/> 8 – 9 male kumite	<input type="checkbox"/> 8 – 9 male kumite	<input type="checkbox"/> 8 – 9 male kumite
<input type="checkbox"/> 8 – 9 female kumite	<input type="checkbox"/> 8 – 9 female kumite	<input type="checkbox"/> 8 – 9 female kumite	<input type="checkbox"/> 8 – 9 female kumite
<input type="checkbox"/> 10 – 11 male kumite	<input type="checkbox"/> 10 – 11 male kumite	<input type="checkbox"/> 10 – 11 male kumite	<input type="checkbox"/> 10 – 11 male kumite
<input type="checkbox"/> 10 – 11 female kumite	<input type="checkbox"/> 10 – 11 female kumite	<input type="checkbox"/> 10 – 11 female kumite	<input type="checkbox"/> 10 – 11 female kumite
<input type="checkbox"/> 12 – 13 male kumite	<input type="checkbox"/> 12 – 13 male kumite	<input type="checkbox"/> 12 – 13 male kumite	<input type="checkbox"/> 12 – 13 male kumite
<input type="checkbox"/> 12 – 13 female kumite	<input type="checkbox"/> 12 – 13 female kumite	<input type="checkbox"/> 12 – 13 female kumite	<input type="checkbox"/> 12 – 13 female kumite
<input type="checkbox"/> 14 – 15 male kumite	<input type="checkbox"/> 14 – 15 male kumite	<input type="checkbox"/> 14 – 15 male kumite	<input type="checkbox"/> 14 – 15 male kumite
<input type="checkbox"/> 14 – 15 female kumite	<input type="checkbox"/> 14 – 15 female kumite	<input type="checkbox"/> 14 – 15 female kumite	<input type="checkbox"/> 14 – 15 female kumite
<input type="checkbox"/> 16 – 17 male kumite	<input type="checkbox"/> 16 – 17 male kumite	<input type="checkbox"/> 16 – 17 male kumite	<input type="checkbox"/> 16 – 17 male kumite
<input type="checkbox"/> 16 – 17 female kumite	<input type="checkbox"/> 16 – 17 female kumite	<input type="checkbox"/> 16 – 17 female kumite	<input type="checkbox"/> 16 – 17 female kumite
<input type="checkbox"/> 18 - 34 male kumite	<input type="checkbox"/> 18 - 34 male kumite	<input type="checkbox"/> 18 - 34 male kumite	<input type="checkbox"/> 18 - 34 male kumite
<input type="checkbox"/> 18 - 34 female kumite	<input type="checkbox"/> 18 - 34 female kumite	<input type="checkbox"/> 18 - 34 female kumite	<input type="checkbox"/> 18 - 34 female kumite
<input type="checkbox"/> 35 & older male kumite	<input type="checkbox"/> 35 & older male kumite	<input type="checkbox"/> 35 & older male kumite	<input type="checkbox"/> 35 & older male kumite
<input type="checkbox"/> 35 & older female kumite	<input type="checkbox"/> 35 & older female kumite	<input type="checkbox"/> 35 & older female kumite	<input type="checkbox"/> 35 & older female kumite
ELITE KUMITE DIVISIONS			
	<input type="checkbox"/> 12 – 13 male kumite	<input type="checkbox"/> 12 – 13 female kumite	
	<input type="checkbox"/> 14 – 15 male kumite	<input type="checkbox"/> 14 – 15 female kumite	
	<input type="checkbox"/> 16 – 17 male kumite	<input type="checkbox"/> 16 – 17 female kumite	
	<input type="checkbox"/> 18 – 20 male kumite	<input type="checkbox"/> 18 – 20 female kumite	

DEADLINE FOR ALL ENTRIES IS SATURDAY, FEBRUARY 19TH, 2017.

Mail entry forms to Kachi Karate at 3484 Kupaa Dr., Honolulu, Hawaii 96816, USA. Please make checks payable to: KACHI KARATE. No refunds after 02/19/2017. For more information, please call: (808) 389-5258 or visit www.kachikarate.com. Organizer may combine divisions at his discretion.

REGISTRATION FEES

Each division \$20

Each Elite division \$40

****All registration forms that are post marked and received on February 20th or later will be charged a \$10 LATE FEE for EACH DIVISION****

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.

Contestant's Signature _____ DATE: ____/____/____
 Parent/Guardian's Signature if 18 years and under _____ DATE: ____/____/____