



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

TEAM NAME: _____		SENSEI/COACH: _____	
EMAIL: _____		PHONE #: _____	
TEAM MEMBERS			
1. NAME: _____	WEIGHT: _____	*AGE: _____	
DATE OF BIRTH (month/day/year): ___/___/____	RANK: _____	SEX: MALE FEMALE	LEVEL: BEG NOV INT ADV
2. NAME: _____	WEIGHT: _____	*AGE: _____	
DATE OF BIRTH (month/day/year): ___/___/____	RANK: _____	SEX: MALE FEMALE	LEVEL: BEG NOV INT ADV
3. NAME: _____	WEIGHT: _____	*AGE: _____	
DATE OF BIRTH (month/day/year): ___/___/____	RANK: _____	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 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.

TEAM KATA <small>(Team can be male, female mixed)</small>	TEAM KOBUDO <small>(Team can be male, female mixed)</small>	TEAM KUMITE <small>(Team can NOT be mixed)</small>		KUMITE DOUBLES MALE <small>(Team can NOT be mixed & only INTERMEDIATE & ADVANCED competitors can participate)</small>	
<input type="checkbox"/> 9 & under	<input type="checkbox"/> 9 & under	<input type="checkbox"/> 7 & under male team kumite	<input type="checkbox"/> 7 & under female team kumite	<input type="checkbox"/> 7 & under male	<input type="checkbox"/> 7 & under female
<input type="checkbox"/> 10 – 13	<input type="checkbox"/> 10 – 13	<input type="checkbox"/> 8 – 9 male team kumite	<input type="checkbox"/> 8 – 9 female team kumite	<input type="checkbox"/> 8 – 9 male	<input type="checkbox"/> 8 – 9 female
<input type="checkbox"/> 14 – 17	<input type="checkbox"/> 14 – 17	<input type="checkbox"/> 10 – 11 male team kumite	<input type="checkbox"/> 10 – 11 female team kumite	<input type="checkbox"/> 10 – 11 male	<input type="checkbox"/> 10 – 11 female
<input type="checkbox"/> 18 & older	<input type="checkbox"/> 18 & older	<input type="checkbox"/> 12 – 13 male team kumite	<input type="checkbox"/> 12 – 13 female team kumite	<input type="checkbox"/> 12 – 13 male	<input type="checkbox"/> 12 – 13 female
		<input type="checkbox"/> 14 – 15 male team kumite	<input type="checkbox"/> 14 – 15 female team kumite	<input type="checkbox"/> 14 – 15 male	<input type="checkbox"/> 14 – 15 female
		<input type="checkbox"/> 16 – 17 male team kumite	<input type="checkbox"/> 16 – 17 female team kumite	<input type="checkbox"/> 16 – 17 male	<input type="checkbox"/> 16 – 17 female
		<input type="checkbox"/> 18 – 34 male team kumite	<input type="checkbox"/> 18 – 34 female team kumite	<input type="checkbox"/> 18 – 34 male	<input type="checkbox"/> 18 – 34 female

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 team division \$45

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

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

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