



I.K.O. MATSUSHIMA



国際空手道連盟 極真会館

INTERNATIONAL KARATE ORGANIZATION KYOKUSHINKAIKAN

代表 松島良一 **PRESIDENT - YOSHIKAZU MATSUSHIMA**

THE 4th I.K.O.MATSUSHIMA WORLD OPEN KYOKUSHIN KARATE TOURNAMENT

Male

23rd,24th June 2012

Photograph (3)

COMPETITORS CODE OF ETHICS:Should my entry into this event be accepted I hereby declare that I will,at all times compete to the best of my ability;obey the rules of the tournament;obey the referee;display good sportsmanship and courtesy.

Passport size
face look
4 × 3cm

| | | | |
|----------------------------|--------------|--|---------------------------|
| No.(by priority) | Country | Name of Branch Chief | Signature of Branch Chief |
| First name | | Family Name | |
| Pronunciation of name | | | |
| Date of Birth | Age | Current Grade(Dan or Kyu) (Please send a copy of Dan certificate) | |
| Occupation | | | |
| Address | | Experience of Tournament | |
| E-Mail | | | |
| Height(cm) | Weight (Kg) | | |
| How many years of training | | Praize(1st,2nd,3rd) | |
| | | | |
| | | | |
| | | | |

Note:

1.Please send Application forms,three photos,copy of Dan certificate,List of fighters,Doctors certificate to Japan Honbu within 30th April

2.If these documents will not reach till deadline,they might not attend at the tournament

3.Please write names in the back of three ptotos

4.Please make clear list of fighters by the order of priority

5.When the fighters will be over or luck the capacity,the tournament organizer select them by numbers of membership cards.

DECLARATION

Note: for the purposes of this declaration the words I.K.O.MATSUSHIMA International Karate Organization Kyokushin-Kaikai will signify all branches,sub-branches or members.

1. I the undersigned on consideration of,and as a condition of acceptance of my entry in the above event,for my self,my heirs, executors and administrators,hereby waive all and any claims fight of cause of action,which I or they might otherwise have arising out of any loss of life or injury,damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry in the said event. Organizer can not guarantee any fee for injury,damage or loss of life.

2.This waiver,release and discharge shall be and operates separately in favour of all persons,corporations,and bodies involved or otherwise engaged in promoting or staging the event.

3.MEDICAL DECLARATION

By signing this application the applicant hereby assumes full and total responsibility for his safety and personal possessions and the applicant releases the tournament organisers,agents,sponsors and other competitors from any liability,for any injury or personal loss of any kind whatsoever. The applicant acknowledges that he understands the risks associated with competing in this kind of tournament,and that first aid only is provided.

4.A Doctors certificate stating that the application is fit to participate in a full-contact karate tournament,and that the applicant does not have any person to person transferable infection or diseases(**HIV,Hepatitis B& C**),must accompany the application:

Name

Dated

2012

Signature of applicant and declaration: