



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 5th I.K.O.MATSUSHIMA WORLD OPEN WOMEN WEIGHT KYOKUSHIN KARATE TOURNAMENT

Female

26th,27th November 2016

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

Photograph(3)

face look

4 × 3cm

Please write names in the back

Coutry	Branch Chief	Signature of Branch Chief	
First name	Female Please note: Breast Protector		
Family Name	Only the soft type of breast protectors are allowed and must not cover the solar plexus.		
Pronunciation of name	All breast protectors must be approved prior to the bout starting,any female found to be fighting in an unapproved breast protector,will be disqualified.		
Date of Birth	Age	IKO MATSUSHIMA recommend breast protector which Sensei Atta Butt provide. If you obtain it,please contact with Sensei Butt. kyokushin_pak@hotmail.com	
Occupation			
Address	Experience of Karate (Year)		
E-Mail			
Height(cm)	Prize(1st,2nd,3rd)		
Current Grade(Dan,Kyu)	attach a copy of Dan certificate		
Weight (Kg)	Lightweight;Up to and including 55kg	Middleweight ;Up to and including 62.5kg	Heavyweight over 62.5kg

The organizer must retain the right weight category to adjust the female weight if there insufficient female fighters.

NOTE:

- 1.Please send Application forms,three photos,copy of Dan certificate,Doctors certificate to Japan Honbu within 31st August 2016.
- 2.If these documents will not reach till deadline,they might not attend at the tournament
- 3.Fighters are free of Pick up bus,Sayonara party and spectator tickets.

DECLARATION

Note: for the purposes of this declaration the words I.K.O.MATSUSHIMA International Karate Organization Kyokushin-Kaikan 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 her 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 she understands the risks associated with competing in this kind of tournament,and that first aid only is provided.

4.ADOCTOR 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

2016

Signature of applicant and declaration:

I.K.O. MATSUSHIMA HONBU

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