

**THE 6th I.K.O.MATSUSHIMA WORLD WEIGHT KYOKUSHIN KARATE TOURNAMENT**

**Female**

29th,30th November 2025

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

<b>Coutry</b>	Membership Card Number	Branch Chief	
First name	Female Please note: <b>Breast Protector</b>		
Family Name	Only <b>the soft type</b> 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		
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; <b>Under55kg</b>	Middleweigh; <b>From 55Kg untill 65Kg</b>	Heavyweight <b>From 65Kg</b>

**NOTE:**

- 1.Please send **Application forms,three photos,copy of Dan certificate,Doctors certificate to Japan Honbu within 31st August 2025 by post mail.**
- 2.If these documents will not reach till deadline,they might not attend at the tournament
- 3.If fighters can't get Doctor certificates till then,please send till the end of October.
- 4.When the fighters will be over or luck the capacity,the tournamnet organizer select them

**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** \_\_\_\_\_ **2025**  
**Signature of applicant and declaration:** \_\_\_\_\_