

THE6th I.K.O.MATSUSHIMA WORLD WEIGHT KYOKUSHIN KARATE TOURNAMENT

Male

29th,30th Nov.2025

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

Please write name in the back

| | | | |
|----------------------------|---------------------------------|--|-------------------------|
| Country | Membership Card Number | 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) | | Praize(1st,2nd,3rd) | |
| How many years of training | | | |
| Weight (Kg) | Light Weight; Under 70Kg | Middle Weight; From 70Kg untill 85Kg | Heavy Weight; From 85Kg |

Note:

1. **Please send Application forms,three photos,copy of Dan certificate,Doctor certificate to Japan Honbu within 31st August 2025 by post mail.** If applicant can't get Doctor certificate till then, please send till the end of October.
- 2.If these documents will not reach till deadline,they might not attend at the tournament
- 3.Fighters have to bring and wear groin guard.
- 4.When the fighters will be over or luck the capacity,the tournament 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 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 DOCTOR CERTIFICATE** stating that the application is fit to participate in a full-contact karate tournament,and that the fighter 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: