



THE 2ND I.K.O. MATSUSHIMA
ASIAN PACIFIC
CHAMPIONSHIP

- IKO MATSUSHIMA MYANMAR -



First Name:

Family Name:

Address:

Postcode:

Tournament Experience:	3 passport size head & shoulders Photographs:
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Phone: Fax: Date of birth: / /

Email address:

Current grade: (Please attach copy of dan certificate)

Country	Name of Branch Chief	Signature of Branch Chief
<input type="text"/>	<input type="text"/>	<input type="text"/>

Weight Divisions - Mark (X) the appropriate box on the left side of your division:

Heavyweight Divisions

Middleweight Divisions

Lightweight Divisions

<input type="checkbox"/> Male Open (Over 80 kg)	<input type="checkbox"/> Male Open (70.01 - 80 kg)	<input type="checkbox"/> Male Open (Under 70 kg)
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<input type="checkbox"/> Female Open (Over 62.5 kg)	<input type="checkbox"/> Female Open (55-62.5 kg)	<input type="checkbox"/> Female Open (Under 55 kg)
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FEMALE PLEASE NOTE: Only Soft types of breast protectors allowed and must not cover the solar plexus.

Boys Aged (12-14)	Boys Aged (15-17)	Girls Aged (12-14)	Girls Aged (15-17)
<input type="checkbox"/> - Under 35 kg	<input type="checkbox"/> - Under 55 kg	<input type="checkbox"/> - Under 35 kg	<input type="checkbox"/> - Under 55 kg
<input type="checkbox"/> - 35-40 kg	<input type="checkbox"/> - 55-60 kg	<input type="checkbox"/> - 35-40 kg	<input type="checkbox"/> - 55-60 kg
<input type="checkbox"/> - 40-45 kg	<input type="checkbox"/> - 60-65 kg	<input type="checkbox"/> - 40-45 kg	<input type="checkbox"/> - 60-65 kg
<input type="checkbox"/> - Over 45 kg	<input type="checkbox"/> - Over 65 kg	<input type="checkbox"/> - Over 45 kg	<input type="checkbox"/> - Over 65 kg

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 myself, 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 cannot 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.**

- 5. After winning the championship, the contestants who have signed up for the competition will voluntarily agree to the organizing committee of the competition to arrange for photographs to be taken, and the photos will be offered free of charge to the sponsors or partners in the form of collective portraits, for a period of one year. After one year, if the sponsor or partner wants to, the organizing committee may arrange the commercial paid spokesperson intermediary service. Please understand and support it.**

Name	Date
Signature of applicant and declaration:	

Note:

- 1. Please send Application forms, three photos, copy of Dan certificate, List of fighters, Doctors Certificate to Myanmar by the closing date: April 30th, 2019.**
- 2. Please send the hard copy to the below address:**
No.2, Neikban Kyaung Street, Saya San (south) Ward, Bahan Township, Yangon, Myanmar.
Tel: +959 5020226 Please send the soft copy via email: **redcranedojo@gmail.com**
Recipients : Win Thu
- 3. It is imperative that the above documents reach us before the official closing date stated above.**
- 4. Please write fighters names as well as the fighters dates of birth on the back of all three photos.**