

2009 TRADITIONAL SHOTOKAN CHAMPIONSHIPS

EVENT INFORMATION

President: Shojiro Sugiyama
Technical Director: Ray Dalke
Chief Arbitrator: Paul Godshaw
Tournament Director: J. B. Mirza
Host: Traditional Karate-Do Organization International
237 East Prospect Avenue
Mount Prospect, IL 60056
Date: April 18, 2009
Location: College of Lake County, Grayslake, IL
Start Times: Tournament Begins - 9 AM
Age: 7 thru Adult Individual Competition
Competitions: Kata, Team Kata, Ippon Kumite, Team Ippon Kumite
Rules: Traditional Shotokan
Fees: Spectators: \$6.00 / 5 years of age & under \$3.00
Competitors: Please note: Ages groups may be combined by sexes, if needed for kata divisions

TOURNAMENT AGE GROUPS AND DIVISIONS

Age Groups

For Kata & Kumite

7-8-9

10-11-12

13-14-15

16-17-18

19-34

35+

Kata Divisions

6 th Kyu or lower	3 rounds Shitei
1 st thru 5 th Kyu	1 round Shitei, 2 rounds Sentei
Dan grades	1 round Shitei, 1 round Sentei, and final round Tokui

Kumite Divisions

By age groups only

DRESS CODE

Traditional White Gi (no piping or stripes)
No Rolled Sleeves or Cuffs
Pants must be 3/4 Length (between ankle and knee)
Sleeves Must be 3/4 Length (between wrist and elbow)
Females Must Wear Plain White T-shirt or White Sport Bra under Top
No Headbands or Jewelry

TOURNAMENT ADDRESS

College of Lake County
19351 W Washington St.
Grayslake, IL 60030

**2009 TRADITIONAL SHOTOKAN CHAMPIONSHIPS
CLINICS & TOURNAMENT SCHEDULE**

**Friday
April 17, 2009**

5 PM – 7 PM	Mandatory Referee & Coach Clinics
7 PM – 8 PM	Kata Clinic

**Saturday
April 18, 2009**

8:30 AM	All Referees & Volunteers (Assigned to rings)	
8:45 AM	Kata	To staging: Ages 19-34 all ranks
11:30 PM	Kata	To staging: Ages 35+ all ranks
12:00 PM	Kata	To staging: Ages 7-12 all ranks
1:00 PM	Kata	To staging: Ages 13-18 all ranks
1:30 PM	Kumite	To staging: Ages 35+
1:30 PM	Kumite	To staging: Ages 7-12
2:00 PM	Kumite	To staging: Ages 13-18
2:00 PM	Kumite	To staging: Ages 19-34
3:00 PM	Team Kata	To staging: All Competitors
4:00 PM	Team Kumite	To staging: All Competitors

**Sunday
April 19, 2009**

Open Regional All Style Tournament

Start Time 9:00 AM

April 18, 2009

<i>Last Name</i>	<i>First Name</i>	<i>Phone #</i>
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<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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BIRTHDATE (mo./day/yr.)	AGE	Dojo Name	Sensei's Name
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Gender ☐ Male ☐ Female
(Check one)

Age Groups
(Check one)

7-8-9	<input type="checkbox"/>
10-11-12	<input type="checkbox"/>
13-14-15	<input type="checkbox"/>
16-17-18	<input type="checkbox"/>
19-34	<input type="checkbox"/>
35 & up	<input type="checkbox"/>

Divisions (Check one)

Novice	6th Kyu or lower	<input type="checkbox"/>
Intermediate	5th Kyu – 1st Kyu	<input type="checkbox"/>
Advanced	Dan Grades	<input type="checkbox"/>

Categories:

I will compete in: **Kata** ☐ **Kumite** ☐

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the Traditional Shotokan Organization and all of its officers, referees, judges, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury I may sustain by way of traveling to and from, participating in, or other direct or indirect involvement in the 2009 Traditional Shotokan Championships that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the 2009 Traditional Shotokan Championships and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of myself.

SIGNATURE: _____
(Parent or Guardian if under 18 years of age)

Individual: 1 event - \$50 / 2 events - \$60 Team: \$75 per event

APPLICATION MUST BE RECEIVED BY April 13, 2009

THOSE RECEIVED BETWEEN April 14th & April 17th WILL BE AN ADDITIONAL \$25.00

NO REGISTRATION ACCEPTED AFTER April 17th.

MAKE CERTIFIED CHECKS OR MONEY ORDERS (NO PERSONAL CHECKS) PAYABLE TO: TKO

MAIL TO: TKO KARATE - 237 EAST PROSPECT AVENUE, MOUNT PROSPECT, IL 60056

**2009 TRADITIONAL SHOTOKAN CHAMPIONSHIPS
TEAM APPLICATION**

TEAM NAME: _____ CITY: _____ STATE: _____

WE WILL PARTICIPATE AS:

- ☐ AGES 7-9 ☐ AGES 19-34
☐ AGES 10-12 ☐ AGES 35+
☐ AGES 13-15
☐ AGES 16-18

THIS TEAM CONSISTS OF:

- ☐ All Male Members ☐ All Female Members ☐ Combined *

THIS TEAM WILL COMPETE IN THE FOLLOWING EVENTS:

- ☐ Kata ☐ Ippon Kumite

PLEASE NOTE:

1. Team participation level is determined by the age of the OLDEST Team Member (kata)
2. All members of a Kumite team **Must be the same sex and in the same age category**
3. Team Members MAY NOT compete in multiple levels of the same event (*i.e. different age groups*)
4. * Under 19 may combine sexes in Teams in Kata ONLY!!

Fees Owed:

_____ \$75 One Event
_____ \$150 Two Events

\$ _____ **Total Fees Paid**

NAME	AGE
1.	
2.	
3.	

TEAM WAIVER

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the Traditional Shotokan Organization and all of its officers, referees, judges, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury I may sustain by way of traveling to and from, participating in, or other direct or indirect involvement in the 2009 Traditional Shotokan Championships that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the 2009 Traditional Shotokan Championships and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of myself.

1. SIGNATURE: _____
(Parent or Guardian if under 18 years of age)

#2. SIGNATURE: _____
(Parent or Guardian if under 18 years of age)

#3. SIGNATURE: _____
(Parent or Guardian if under 18 years of age)