

# Registration Package Details

The Dominion Shotokan Karate Club in association with the International Shotokan Karate Federation is pleased to invite you to the:

## 2014 ISKF Youth Summer Shiai

Greetings,

On behalf of the entire Dominion Shotokan Karate Club I am pleased to invite you to our first Youth Summer Shiai. The goal of this event is to extend the opportunity to further educate the youth of the ISKF by sponsoring what we hope will be an annual competitive event here in the East Coast. I look forward to your participation!

Sincerely,  
Steven W. Majors  
Chief Instructor – Dominion Shotokan Karate Club

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**Where:**

[James Lee Community Center 2855 Annandale Rd, Falls Church, VA 22042](#)

**When:**

Saturday, August 9th, 2014. Doors open at 10am for check-in, Competition begins at 11am

**Eligibility:**

All ISKF members of any rank age 7 to 17

**Entry Fee:**

\$20 for 1 individual event (kata or kumite),

\$35 for both individual kata & kumite

\$40 per kata team (up to 2 teams per club may enter)

**Registration Deadline:**

July 16, 2014 (all entry forms MUST be postmarked by this date -there will be no late or walk-in registration)

# Registration Package Details

**Where:**

James Lee Community Center 2855 Annandale Rd, Falls Church, VA 22042

**When:**

Saturday, August 9<sup>th</sup>, 2014.

Doors open at 10am for check-in.

Competition begins at 11am

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**Enclosed you will find the following materials:**

- A. Competitor's Medical Questionnaire - **MUST** be completed for all participants.
- B. Waiver/Release Agreement - **MUST** be completed for all participants.
- C. Parental Consent Form - **MUST** be completed for all participants.
- D. Youth Division-General Information
- E. Youth Individual Registration Form
- F. Youth Team Kata Registration Form
- G. Judge Registration Form

Please send completed Paper registration materials to:

Steven W. Majors  
6333 Silas Burke St.  
Burke, VA 22015

Electronic submissions to:

[2014Shiai@dominionShotokan.com](mailto:2014Shiai@dominionShotokan.com)

*Form-fillable document coming soon . . .*

Checks for registration fees should be made payable to: DSKC

All registration materials **MUST** be postmarked by:

July 16, 2014 - There is no late or walk-in registration.

Please direct any questions to:

Steven W. Majors

(703) 644-9770

[2014Shiai@dominionShotokan.com](mailto:2014Shiai@dominionShotokan.com)

# Competitor's Medical Questionnaire

Every competitor must sign and submit this medical questionnaire

Every competitor must complete and submit this Medical Questionnaire, the Parental Consent and Release Form, and the Waiver/Release Agreement.

Name				
Age (as of 8/9/14)		Gender	<input type="checkbox"/> F <input type="checkbox"/> M	Rank
Address				
City		State		Zip
Club			Sensei	

Do you have a history of any of the following conditions? Please check all that apply to you. If you answer yes to any, please explain:

Yes

No

Heart Murmur

Hypertension

Recent infection

Bone fracture in the past 6 months

Concussion or severe head injury in the past 6 months

Seizures

Eye injury

Severe bone bruises requiring padding

Kidney injury

Allergy to medication (list all)

Other

Are you currently taking any medications? (list all)

If needed, please use  
this section to explain  
any yes answer

Signature of Competitor

(Parent or Guardian, if under 18 years of age)

Date:

# Waiver/Release Agreement

Every competitor must sign and submit this waiver/release agreement.

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Event: 2014 ISKF Youth Summer Shiai.

I understand that there are risks and dangers inherent in participating and/or receiving instruction at the shiai (which will herein be referred to as the EVENT). I also understand that in order to participate and/or receive instruction at the EVENT, I must give up my rights to hold Dominion Shotokan Karate Club, LLC (DSKC), the International Shotokan Karate Federation (ISKF), the ISKF East Coast Region, the East Coast Shotokan Karate Association and any and all other clubs, schools, instructors, members, judges, officials and representatives (collectively the "Releases") liable for any injury or damage which I may suffer while participating and/or receiving instruction at the EVENT.

Knowing this, and in consideration of being permitted to participate and/or receive instruction at the EVENT, I hereby voluntarily release the Releases, and each of them, from any and all liability resulting from or arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that I am releasing not only the entities and individuals set forth in the paragraph above, but also the officers, agents, principals, partners, shareholders, directors and employees of those entities or individuals.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction at the EVENT.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction at the EVENT. I expressly acknowledge and assume any and all risks that my participation in the EVENT may subject me to personal injury or bodily harm.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold the above-named individuals or entities and their officers, agents, principals, partners, shareholders, directors and employees harmless from any and all liability or costs, including attorney fees, associated with or arising from my participation and/or receipt of instruction at the EVENT. Any damage to the hotel or the tournament site that I cause are my full responsibility. Said damages are not the responsibility of the ISKF, the ISKF East Coast Region, the East Coast Shotokan Karate Association, or Dominion Shotokan Karate Club, LLC.

I understand that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor, as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction at the EVENT.

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Print Name	Date
Sign Name	Witness

Parent/Guardian Release

I am the parent or legal guardian of the minor \_\_\_\_\_  
and am signing this Waiver/Release on behalf of said minor.

Print name of parent	Date
Signature of parent	

# Parental Consent Form

**This form is for minor participants and must be filled out by Parent or Legal Guardian.**

**Please print clearly and supply all the information.**

## **First Aid**

I hereby give permission for the doctor, nurse, nurse practitioner or medical staff at the 2014 International Shotokan Karate Federation Youth Summer Shiai to administer minor first aid or seek emergency medical care for my son/daughter

\_\_\_\_\_ (please print name of minor) during his/her participation at the Shiai. I understand that this permission covers the average emergencies such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only during the Shiai.

## **Emergency Care**

If my child needs emergency medical care, I hereby give permission for my child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the Shiai. This permission includes, but is not limited to, fractures, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed). I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the hospital and Shiai representatives will make every attempt to reach me.

I have signed and attached the Waiver and Release form for my child.

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Signature of Parent/Legal Guardian

Date

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Print name

Emergency Contact Number

## Youth Division – General Information

Age Rank Qualifications and Rules	All eligible youth competitors must be a member in good standing with the ISKF. They must be between the ages of 7 and 17 years old on 08/09/2014 The number of participants in each category will determine adjustments made, if any, to their categories. If any division has fewer than 5 competitors, we reserve the right to combine divisions.		
Individual	The competition is open to both male and female competitors and will include five age categories as follows.		
Ages 7-9, 10-11	Boys and girls will be combined in the following groups:		
	Ungraded to 7 kyu	Kata	Kumite
	6 kyu to 4 kyu	Kata	Kumite
	3 kyu and above	Kata	Kumite
Ages 12-13, 14-15, 16-17	Boys and girls will be combined in the following groups:		
	Ungraded to 7 kyu	Kata	Kumite
	6 kyu to 4 kyu	Kata	Kumite
	3 kyu and above	Kata	N/A
	Boys and girls will be separate in the following groups:		
	3 kyu and above	boys kumite	girls kumite
Team	Team kata will be open to all ages, rank and gender. There will be no team kumite for youths		

# Youth Individual Registration Form

Each club may send an unlimited number of competitors in each of the three divisions (Ungraded to 7 kyu, 6 kyu to 4 kyu, 3 kyu and above) in each of the following age groups:

Age	7 – 9	10 – 11	12 – 13	14 – 15	16 – 17
Kata	1 group per age level: Boys and Girls Combined				
Kumite	1 group per age level: Boys & Girls Combined		1 group per age level, below 3kyu: Boys & Girls Combined		
			2 groups per age level, 3kyu and above: Boys Kumite, Girls Kumite		

Each competitor must pre-register by July 16, 2014, and submit a Medical Questionnaire, a Waiver/Release Agreement, and Parental Consent Form. Competitors must be 17 years of age or under at the time of the event and must present current ISKF membership cards at check-in. Registration fees are non-refundable, per competitor: single event, \$20; both events, \$35.

Club

Name	Rank	Gender	Age	Kata	Kumite	Amount Enclosed
01)		F	M			\$
02)		F	M			\$
03)		F	M			\$
04)		F	M			\$
05)		F	M			\$
06)		F	M			\$
07)		F	M			\$
08)		F	M			\$
09)		F	M			\$
10)		F	M			\$
11)		F	M			\$
12)		F	M			\$
13)		F	M			\$
14)		F	M			\$
15)		F	M			\$

Total amount enclosed \$

Checks/money orders payable to DSKC

Send all paperwork to Steven W. Majors 6333 Silas Burke St.  
Burke, VA 22015

Electronic paperwork [2014Shiai@dominionShotokan.com](mailto:2014Shiai@dominionShotokan.com)

Postmarked by July 16, 2014

# Youth Team Kata Registration Form

Each club may send two kata teams for the Youth Team Kata Event. Teams may be made up of any combination of age (17 years or under), rank and gender.

All teams must pre-register by July 16, 2014. Each team member must submit a Medical Questionnaire, Parental Consent Form, and a Waiver/Release Agreement. Competitors must be 17 years of age or under at the time of the event and must present current ISKF membership cards at check-in.

Registration fees are non-refundable, per team: \$40.

Club \_\_\_\_\_  
Team Name \_\_\_\_\_

	Name	Rank
1	(captain)	_____
2	_____	_____
3	_____	_____
4	(alternate)	_____

Total amount enclosed	\$40
Checks/money orders payable to	DSKC
Send all paperwork to	Steven W. Majors 6333 Silas Burke St. Burke, VA 22015
Electronic paperwork	<a href="mailto:2014Shiai@dominionShotokan.com">2014Shiai@dominionShotokan.com</a>
Postmarked by	July 16, 2014



# Judge Registration Form

Dear ISKF Judges, Instructors & Trainees,

No tournament can take place without the volunteer service of judges. Therefore, I am asking you to kindly volunteer your time on Saturday, August 9<sup>th</sup>, 2014 to help with our event.

Snacks and refreshments will be provided to facilitate your service.

If you can attend please mail or email the following information:

Name: \_\_\_\_\_

A      B      C      D      unranked

Judge's Rank:

Event Details:

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[James Lee Community Center 2855 Annandale Rd, Falls Church, VA 22042](#)

**When:**

Saturday, August 9th, 2014. Doors open at 10am for check-in, Competition begins at 11am

**Please send information to:**

Steven W. Majors

6333 Silas Burke St.

Burke, VA 22015

[2014Shiai@dominionShotokan.com](mailto:2014Shiai@dominionShotokan.com)

(703) 644-9770

Thank You!