

MEMORANDUM

DATE: February 12, 2014
TO: All Karate Students
FROM: Sensei Steven W. Majors (703) 644 – 9770
dominionshotokan.com
SUBJECT: 51st Annual ECSKA Championships

The 51st Annual ECSKA Championships are being held Saturday April 12, 2014 at Hagerstown Community College ARCC 11400 Robinwood Drive Hagerstown, Maryland. Tournament information is available at dominionshotokan.com under- events – 51st ECSKA Championships. I will have some forms available for students without computer access. **PLEASE NOTE: All forms and payments are due to me; DO NOT send forms and money to Shotokan Karate of Hagerstown or headquarters.** They require one packet for everything from the clubs to avoid confusion.

The tournament will begin at 8:00 AM with the Youth eliminations. You will need to arrive between 7:00 and 7:45 AM to check in.

Youth registration fees are: \$20 for one event (kata or kumite)
\$30 for both
Team kata fees will be covered by the club.

Adult and Senior fees are: \$30 for one event (kata or kumite)
\$40 for both
Team kata fees will be covered by the club.

Registrations must be submitted to me by March 14, 2014. Make checks payable to DSKC.

All students will need a clean, white uniform with ISKF patch, sparring gloves and mouth guard. I would also recommend flip flops or sandals to walk around in during the day.

Hotel information is on their website. It is about one hour and a half drive to this venue from Northern Virginia.

Please see me as soon as possible if you have questions or require additional information.

Tournament Sign-Up Form (for Internal Club Use)

*If desired, clubs may use this form to gather registration information from their individual members. **PLEASE DO NOT SUBMIT THIS FORM WITH REGISTRATION.***

BASIC INFORMATION

Name: _____
First name Last Name

Division: ☐ Youth (Ages 8 to 17)
☐ Adult (18 to 44)
☐ Senior (45+)

Note:

Anyone who is 45 or older as of April 12, 2014 is a Senior and may not compete in any event of the Adult division.

Gender: ☐ Male ☐ Female

Age on date of tournament: _____ (Write in age that you will be on 4/12/14)

Rank: _____ kyu / dan (circle one)

EVENT PARTICIPATION

Check the appropriate box for each event in which you will be participating

Individual Events: ☐ Individual Kata
☐ Individual Kumite

Team Events: ☐ Team Kata
☐ Team Kumite (Adults only)

T-SHIRT ORDER

*****All T-shirts must be pre-ordered*****

T-Shirt (\$20): Adult sizes: ☐ XX-Large (add \$2) ☐ X-Large ☐ Large
☐ Medium ☐ Small

Youth sizes: ☐ Youth Large ☐ Youth Medium ☐ Youth Small

JUDGING SIGN-UP

Will you serve as a tournament judge? ☐ Yes ☐ No

Judge rank: ☐ A ☐ B ☐ C ☐ D ☐ No Rank

Judge's phone number: _____

Judge's email address: _____
(print clearly)

*****Judges, please report to the tournament site by 7:15 am on Saturday, April 12.*****

Competitor's Medical Questionnaire

Required for Each Contestant

The International Shotokan Karate Federation, East Coast Shotokan Karate Association and the Shotokan Karate Club of Hagerstown reserve the right **not** to allow an individual to compete in the 2014 International Shotokan Karate Federation East Coast Tournament based on an underlying medical condition. If you are not allowed to compete, your application fee will be returned to you.

Name: _____ Sex _____ Age _____ Rank _____
(Age on 4/12/14)

Club: _____ Instructor: _____

Emergency contact: Name _____

Phone _____

Do you have a history of any of the following conditions?
(Answer Yes or No to EACH condition. If yes to any, please explain)

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension _____
<input type="checkbox"/>	<input type="checkbox"/>	Recent infection _____
<input type="checkbox"/>	<input type="checkbox"/>	Bone fracture in the past six months _____
<input type="checkbox"/>	<input type="checkbox"/>	Concussion or severe head injury in past six months _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures _____
<input type="checkbox"/>	<input type="checkbox"/>	Eye injury _____
<input type="checkbox"/>	<input type="checkbox"/>	Severe bone bruises requiring padding _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney injury _____
<input type="checkbox"/>	<input type="checkbox"/>	Blood-borne contagious disease (e.g., HIV/AIDS, hepatitis) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other relevant conditions _____
<input type="checkbox"/>	<input type="checkbox"/>	Allergy to medication (list all): _____

Are you presently taking any medications?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	If so, please specify: _____

Signature of Contestant

Signature of Parent/Guardian for contestants under 18 yrs

Date

IMPORTANT: Form is not valid unless all questions have been answered, and form is signed and dated.

Waiver/Release Agreement

Required for Each Contestant

51st Annual International Shotokan Karate Federation Karate East Coast Tournament

In participating in the International Shotokan Karate Federation (ISKF) East Coast Tournament ("Tournament"), I understand and accept that:

1. My participation in the Tournament is voluntary.
2. I understand that there are risks and dangers inherent in martial arts training and in participating in and receiving instruction at the Tournament. I assume full responsibility for all risks associated with the Tournament, including my personal injury, death or property damage.
3. I will not sue or make any demands or claims against the International Shotokan Karate Federation, the East Coast Shotokan Karate Association and the Shotokan Karate Club of Hagerstown and their officers, directors, instructors, members, judges, officials, representatives, and volunteers (collectively "Organizers"), Washington County Maryland, Washington County Recreation Department, Hagerstown Community College, Robert D. O'Brien, Helene L. O'Brien for personal injury or property damages or loss related to my participation in the Tournament. **THIS WAIVER INCLUDES, BUT IS NOT LIMITED TO, INJURY OR LOSS CAUSED BY, OR ARISING FROM, ORGANIZERS' NEGLIGENCE.**
4. I am solely responsible for insuring myself and my property at the Tournament.
5. I will pay medical fees or costs related to my participation in the Tournament and will not seek reimbursement or contribution from the Organizers.
6. The Organizers are not responsible for any incidental, consequential, or exemplary damages of any kind even if they are notified in advance that those may occur.
7. The Organizers or their designees may use my name, image, or likeness in any media relating to the Tournament without paying me for that use.
8. This Agreement is binding on me, my family and heirs and assigns.
9. If I sign this Agreement on behalf of my minor child, I agree that all this Agreement's terms apply to me.
10. I have read this release and understand all of its items. By registering for this tournament and signing this waiver, I agree to all of these terms and conditions.

Participant's Name _____
(please print)

Signature of Contestant _____
or of parent/guardian for contestants less than 18 years of age

Date: _____

Address: _____

Signer is: ☐ Participant
☐ Parent or guardian of Participant

Parental Consent and Release 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 East Coast Tournament ("Tournament") 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 Tournament. 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 Tournament.

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 Tournament. 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 Tournament representatives will make every attempt to reach me.

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

Signature of Parent/Legal Guardian

Date

Print name

Emergency Contact Number