KYOKUSHIN CUP

Men's and Woman's Open Full contact Karate Tournament Saturday 30th August 2104 at Arc Gym, Caledonian University, Glasgow OFFICIAL ENTRY FORM

Last Name		First Name		
Address		City	Country	
elDate of Birth (dd/mm/yy)				
Weight	Height	Dan/Ky	Dan/Kyu	
Dojo	Instructor		Style	
	Tourname	ent History and	l Titles	_
	Dec	claration	n Cup Open Full contact Karate To	_
held on the 30th of A injuries or damages event. I also acknow contact. Therefore, I involved therein, or competitors of the to consent not to sue ar hereby certify that I that involves physica only. I give consent promotional or public	August, 2014, in Glasgow, Upor losses that may be sustained the inherent nature of the hereby waive all claims agony agents of said organization and all risks result all contact. It is understood to any and all reproduction icity use and waive any claitzer's discretion, and that the	United Kingdom. I here ned or incurred by me was fithis tournament and the ainst Sokyokushin-Ky tion, including but not lies or damages or lossed inizations involved in the ting from this tourname that any treatment given of my likeness created m for compensation. Pl	by assume full responsibility for any while competing or while in attendance possibility of injury as the competite okushin Karate Fernando Dojo or imited to promoters, staff, judges, refer that may occur or that I may suffer, exaid tournament for any reason what the interest is a sport of for any possible injury will be of first in any manner (pictures, videos and the ease note that this is an application and anatsoever by reason of any kind of	or all ce at said tion involves any person ferees or and hereby tsoever, as I ting event st-aid type he like) for
weighing of any con		ification without reimb	n by asking for picture identification ursement from the Tournament will b	
£10.00 Fee to be e	nclosed with Entry For	m. Entry Closing	Date: 20th of August 2014	
I have fully read,	understand, and agree	to all the terms of th	e application and rules of the To	ournament.
Signature		Date	City	
Instructor's Nam	e and Signature		/	