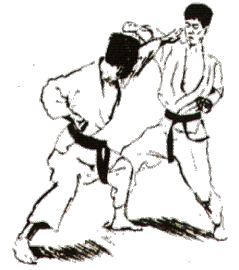




# 2010 Columbus Classic Karate Championships



## Saturday February 27<sup>th</sup>

### Tournament Information

**Registration mail to:** USA Seibukan Martial Arts Training Center  
1589 W. Fifth Ave.  
Columbus, OH 43212

**Tournament Location:** The Wellington School  
3650 Reed Road  
Columbus, OH 43220-4800

**Spectator Fee:** \$4.00 Per Person at the Door

**Registration Forms:** <http://usaseibukan.com/>



# Tournament Schedule

**Doors Open: 9:00AM**  
**Registration Closes: 9:45AM**  
**Tournament Begins: 10:00AM**

**Schedule of Events: Officials Meeting; 9:45AM**  
**Kobudo (Weapons): 10:00AM. : Followed by**  
**Individual Kata and Kumite (starting with youngest age group)**

**Mandatory Safety Equipment:**

**Mouth Guard**

**Hand Guards W.K.F/USANKF Style Red or Blue**

**Groin Protector (males)**

**Optional Safety Equipment:** Head Gear, Chest Guard and Shin and Instep Protectors

***\*\*Headbands, Jewelry, Metal Hair Clasps, WILL NOT be permitted.***

**Rules: U.S.A. National Karate-Do Federation**  
**(go to [usankf.org](http://usankf.org) for copy of rules)**

**Awards: Medals = 1st,-2nd, 3rd, and 4th place**

***\*\*\* There will be no refunds once the tournament begins.***

***\*\*\*Tournament Director reserves the right to combine divisions.***

**Kata and Kumite Male and Female Divisions**

**Ages: 6-7 / 8-9 / 10-11 / 12-13 / 14-15 / 16-17 / 18-34 / 35+**

Ages groups will be divided by: Beginner/ Novice/ Intermediate /Advanced

**Experience:** Less than 1 yr. *Beginner* /1-2 yrs. *Novice* / 2-3 yrs. *Intermediate* / 3yrs. +*Advanced*

**Beginner/Novice Youth & Adult, Intermediate Youth & Adult and Advanced Youth & Adult**

**Kobudo Divisions (Weapons): Beginner/Novice Youth & Adult,**

**Intermediate Youth & Adult and Advanced Youth & Adult**

**No refunds after tournament begins. Director reserves the right to combine divisions.**

# Individual Entry Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_ Rank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dojo: \_\_\_\_\_ Instructor: \_\_\_\_\_

Division: \_\_\_\_\_ Beginner \_\_\_\_\_ Novice \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

## Individual Events

*(Check each event you want to compete in)*

\_\_\_\_\_ KATA (forms) \_\_\_\_\_ KUMITE (sparring) \_\_\_\_\_ KOBUDO (long & short weapons combined)

*Method of payment:*

**Payable to USA Martial Arts Training Center LLC.**

Pre registered by February 25th. 2010: 1 or 2 events = \$50.00 each additional event \$10.00

Registration at the Door: 1 or 2 Events \$60.00 each additional event \$10.00

\_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Certified Cashiers Check \_\_\_\_\_ Personal Check

\_\_\_\_\_ Master Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Visa # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Authorized Signature \_\_\_\_\_ Total Fees: \$ \_\_\_\_\_

**All returned checks will be subject to a \$35.00 return and collections fee.**

## **Adult & Minor Waiver and Release of Liability**

In consideration of my acceptance into this tournament, I agree to release, hold harmless, and indemnify USA Martial Arts Training Center LLC and The Wellington School, including but not limited to, participating members and instructors, all clubs, organizations, and firms of any and all liability for injuries, disease, or ill health, or the aggravation of such, all claims, demands, costs, or losses and expenses, including claims at law, which I or my heirs and personal representatives may have arising out of, or caused in any way by, or having connection with my participation in this contest and/or in the care or use of, custody and control of any involved organization, including travel to and from the tournament. All photos of me at the tournament may be used at the club's discretion, and we wave compensation for them. I additionally affirm that all tournament registration information is true and accurate.

\_\_\_\_\_  
Contestants Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Contestants Name:

\_\_\_\_\_  
Parent or Legal Guardian if under 18years of age

\_\_\_\_\_  
Print Parent or Legal Guardians Name: