



### Attachment 3 – Fighter application

## Cadets U18 (Kyokushin Rules)

#### WOMEN'S WEIGHT DIVISIONS

- Category 1: Under 55 Kg
- Category 2: 55 Kg – Under 60 Kg
- Category 3: 60 Kg – Under 65 Kg
- Category 4: Over 65 Kg

#### MEN'S WEIGHT DIVISIONS

- Category 1: Under 60 Kg
- Category 2: 60 – Under 65 Kg
- Category 3: 65 – Under 70 Kg
- Category 4: 70 – Under 75 Kg
- Category 5: Over 75 Kg

If, at the weigh in, any fighter fails to make the weight division they have been entered in - it will be at the discretion of the Tournament Organisers if the fighter will be *disqualified* from fighting on the day. It is recommended that competitors obtain personal accident insurance cover for the tournament.

Cadet: 16-17 years

### CADET FIGHTERS DETAILS

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

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

Date of Birth: / /

Age: \_\_\_\_\_

GRADE: \_\_\_\_\_

COUNTRY/ORGANISATION: \_\_\_\_\_

LICENCE No: \_\_\_\_\_

Sex: Female  
Male

Category: 1 / 2 / 3 / 4  
1 / 2 / 3 / 4 / 5

### Cadet Fighters Knockdown Tournament History

(Placed Positions Only - most recent first)

	Date	Location	Tournament Title	Position
1				
2				

Please return signed Entry Form by email and bring original to the event : [office@ifk-kyokushin.ro](mailto:office@ifk-kyokushin.ro)

by no later than **01<sup>st</sup> April 2017** . *No late entries will be accepted*

Note: Country Representative must verify the details above by signing the form below – If this form is not verified by an instructor entry will not be permitted.

Country Representative Name and Address: \_\_\_\_\_

County/Org: \_\_\_\_\_

Tel: \_\_\_\_\_

I certify that the above entrant is over 16 but under 18 years of age and has been training for at least two years and has a current membership to our organisation. Parent/Guardian to sign for authorising competitors entry into the Kyokushin Rules Tournament

X \_\_\_\_\_ X  
Print name: \_\_\_\_\_

(Country Rep Signature)

X \_\_\_\_\_  
Print name: \_\_\_\_\_

(Fighters Signature)

X \_\_\_\_\_  
Date: \_\_\_\_\_  
Print name: \_\_\_\_\_

(Parent/Guardian's Signature)

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

## Attachment 4 - Fighter application

## Parental Consent form

Parental consent is requested for [Cadet Kyokushin Rules Tournament](#)

..... PRESENTS: .....

I agree to ..... (full name) taking part in this tournament and have read the information sheet(s).

### Medical Information about participant

Are there any conditions requiring medical treatment or medication? ..... Yes / No

If yes please give details  
.....

Please outline any special dietary requirements .....

Please list any pain relief / flu symptom relief drugs that may be administered by the doctor. (e.g. paracetamol, aspirin, ibuprofen).  
.....

What is their date of birth .....

**A medical form will need to be completed and signed prior to the event – this will be sent out separately**

### Contact Details:

Name of Parent or Legal Guardian .....

Home Address .....

Home Telephone number ..... Mobile telephone number .....

Alternative Telephone number ..... Contact e-mail address .....

### Family Doctor

Name ..... Telephone number .....

Address .....

### Declaration

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of general anaesthetic and / or blood transfusion and to surgical operations in the case of an emergency, as considered necessary by the medical authorities present. The IFK accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by the negligence of the IFK or any member of its staff. I understand that photographs may be taken of the event and I permit these photographs to be used in future advertising and promotion of the IFK. While this permission can be withdrawn at any time in the event of printed matter having been produced a recall and shredding will not be offered but the photograph will not be used in future publicity. Please cross out this paragraph if you do not agree to this clause. I am familiar with the rules of competition in Kyokushin, and I am completely aware that Kyokushin is a contact martial art, and I understand the possibility of injuries and other adverse effects received by me.

I have received full information and agree to my child's participation in all outlined activities

Signed ..... Dated.....

(to be signed by the legal parent or guardian of the participant)

**Attention! The pictures for each fighter must be attached to the application form - the picture in do-gi (portrait photo by e-mail, tiff or jpeg format, high resolution).**