

# Kata & Kumite All-Around Athlete Karate Tournament April 10, 2015

Hosted by: Central Minnesota Karate of St. Cloud



**Venue - Sartell Dojo of Central MN Karate  
2450 8<sup>th</sup> Ave. South**

**COMPETITION: Friday 4/10/15 7:00-8:45pm**

**KATA:** Katas performed may be chosen by the competitor. Flag system judging will be used.

**KUMITE:** Ippon Kumite - One point system to win.

**UNIFORM:** Traditional white. Mouth guards and hand pads required for sparring.

**ELIMINATIONS:** Both Kata and Kumite competitions will be single elimination. Points will be earned by division placement respectfully of Kata and Kumite. Tournament winners will be determined by total points of combined Kata and Kumite results.

**AWARDS:** Trophies will be awarded to the first, second, and third places. Competitor award will be presented to all other participants.

**TOURNAMENT CONTACT:**

Sensei Tim Kiel

Email: [centralmnkarate@charter.net](mailto:centralmnkarate@charter.net)

PH: 320-255-1171

Directions: one mile west on #120 off hwy 15 N

**COMPETITOR DIVISIONS:**

*Yellow thru Black Belt are invited to compete.*

Tournament officials will split up or combine divisions for fair competition.

Consideration of divisions will be determined based on the combination of rank, age, gender and size.

Each competitor will be guaranteed a minimum of two chances to compete. One time in Kata, and one time in Sparring. Brackets will be single elimination.

**Registration and \$25 fee due 4/8/15**

**Family rate is \$20/ competitor**

**April 10 Tournament event schedule**

**6:30-6:45pm – Competitor check in**

**7:00-7:40pm – KATA Matches**

**7:45pm – 8:25pm – KUMITE Matches**

**8:30 pm – Award Ceremony**



# KARATE ATHLETE WAIVER & REGISTRATION

In consideration of my participation in any way in the Karate All-Around tournament.

I understand that my presence at the above tournament is completely at my own risk. For injuries I receive or perpetrate, or any actions initiated, completed or received for or against me by relative, associates or friends in a physical, legal or other capacity, I absolutely release from any responsibility whatsoever: Central Minnesota Karate, PE Inc., and any or all persons connected with the tournament and exhibitions. I hereby authorize the directors of Central Minnesota Karate to act for me to their best judgment in any emergency requiring medical attention, and I agree to bear the expense of such procedure. I also understand that I am required to have health and accident insurance during my participation in the Tournament of April 10, 2015

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily

\_\_\_\_\_  
Printed Athlete Name

\_\_\_\_\_  
Signed Athlete Name 18 yrs and older

\_\_\_\_\_  
Signature of a Parent/Legal Guardian if Athlete under Age 18

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Telephone

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

## **ATHLETE INFORMATION**

RANK \_\_\_\_\_ AGE \_\_\_\_\_ Gender M\_\_ F\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

INSTURCTOR \_\_\_\_\_

**Competitor fee \$25.00**

**SEND WITH CHECK TO: CMK 4302 PLAZA LANE ST. CLOUD, MN 56303**

**Registration should be received by 4/8/15**

Competitor check-in 6:30 – 6:45pm No refund for NO Show!

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