

2010 Annual Shotokan Classic Karate Tournament, April 24, 2010



Hosted by: Hutchinson Shotokan Karate Club
Location: McLeod County Fairgrounds
Exhibition Bldg, 840 Century Ave SE Hutchinson MN 55350

REGISTRATION: \$30 ONE EVENT
\$40 TWO OR MORE EVENTS
PRE-REGISTRATION REQUIRED BY APRIL 19, 2010
***\$10 Late Fee After April 19**
***\$15 Fee for At Door Registration**

MAIL REGISTRATION TO:

HSKC
576 Franklin St SW
Hutchinson MN 55350

SCHEDULE OF EVENTS:

FRIDAY – APRIL 23RD, 2010

Judges Meeting 7:00 – 8:00 PM
Socializing 8:00 - 10:00 PM

SATURDAY - APRIL 24TH, 2010

9:00 AM COMPETITOR CHECK IN
9:30 AM RULES & REGULATIONS
10:00 AM COMPETITION BEGINS
KIHON & RIBBON COMPETITION
MANDATORY KATA
INDIVIDUAL KATA
TEAM KATA
KUMITE
TEAM KUMITE
AWARDS

DEMOS
Bando - Heian Nidan
Kata - Bassai Dai - All Black Belts

TOURNAMENT CONTACT:

Sensei Patrice Vander Veen
Email: vanderveenhkc@hotmail.com
PH: 1-320-587-9148 or 1-320-296-6915

COMPETITOR DIVISIONS:

Tournament officials reserve the right to split or combine divisions dependent upon the number and rank of competitors.

Youth Divisions: 4 – 12 years
Junior Divisions: Ages 13 – 17
Adult Divisions: 18-35
Senior I: Ages 36-45
Senior II: 46+

COMPETITION:

KIHON: Open to White Belt Ranks not yet performing Kata. The competitor will perform the following with count by the Chief Judge – Step in Punch 3x – Step Back Rising Block 3x – Step In Inside Forearm Block 3x, Step Back Down Block 3x – Front Snap Kick 3x. If a competitor is competing in Kata, they are not eligible to compete in Kihon. Scoring will be done by score card.

MANDATORY KATA: This is an open division for all ages with the rank of 5th Kyu or higher. All participants will perform Heian Shodan thru Tekki Shodan as drawn by the Chief Judge. Single Elimination will be utilized for charting competitors. Judging – Flag.

INDIVIDUAL KATA: Competitor must perform Japanese or Okinawan Kata. In case of a tie, competitor must be prepared to perform a second kata. Kyu ranks must perform the Kata of their rank or lower. Kyu ranks will not be permitted to perform a kata higher than their rank. Judging - Scoring Card.

TEAM KATA: 3 person team synchronized Kata. The age of the oldest member on the team and the highest ranking member on the team will determine the division of competition. Scoring will be done by score cards.

RIBBON COMPETITION: This competition is for White Belts not yet ready for Kumite. The competitors will strategize and attempt to capture their opponent's ribbon. If a competitor is competing in Kumite, they are not eligible to compete in Ribbon Competition. Double Elimination will be utilized for charting competitors.

KUMITE:

Sanbon Kumite – 2 minute/3point system – 10 Kyu thru 4 Kyu.
Ippon Kumite – 2 minutes/1 point system – 3 Kyu thru 1 Kyu and Dan ranks.

Youth/Junior Divisions will utilize Double Elimination charting.
Adult ranks will utilize Modified Repicharge Charting.

Modified Repicharge: In Modified Repicharge, the competitor is not guaranteed a second match. If the competitor wins, he/she will advance. If the competitor loses, he/she may get a second match if the opponent who beat them continues to win. If the opponent who beat them loses, it will count as their second loss and they will not be brought back in.

TEAM KUMITE:

3 people, 1 Division: Ages 16yrs +,
Brown thru Black Belt

UNIFORM:

Traditional white gi - 1 patch allowed on left lapel.

EQUIPMENT:

Mouth guards and Martial Arts hand pads required. Groin protector required for male competitors. Additional equipment must be cleared with Tournament Director.

AWARDS:

Award will be presented to the first, second and third places. Competitor award will be presented to all other participants.


LOCAL HOTELS:

Americinn Lodge & Suites – 1115 Hwy 7 E 320-587-5155
Best Western Victorian Inn – 1000 Hwy 7 W 320-587-6030
Economy Inn – 200 Hwy 7 E – 320-587-2129
King Motel – 1255 Hwy 7 W 320-587-4737
Super 8 Motel – 1200 Hwy 15 S 320-587-9299
7-Hi Budget Motel – 700 Hwy 7 E 320-587-2088

ATHLETE REGISTRATION FORM & WAIVER


(This form may be copied. Each participant must fill out separate forms.)

ATHLETE LAST NAME										ATHLETE FIRST NAME														
ATHLETE MAILING ADDRESS																								
CITY/TOWN										STATE		ZIP CODE				AGE		GENDER						
E-MAIL ADDRESS															HEIGHT					WEIGHT				
ATHLETE TELEPHONE					DATE OF BIRTH					RANK														
INSTRUCTOR/COACH										DOJO LOCATION														
ATHLETE DAYTIME TELEPHONE					KIHON		RIBBON		INDIVIDUAL KATA		MANDATORY KATA		TEAM KATA		KUMITE									



TEAM KATA

LIST TEAM KATA MEMBERS: - Names – Ages - Ranks



TEAM KUMITE

LIST TEAM KUMITE MEMBERS – Names – Ages & Ranks

In consideration of being allowed to participate in any way in the 2010 Shotokan Classic Karate Tournament events and activities on April 23rd & April 24th, 2010, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
 - 1b. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, they each should inspect the facilities and equipment to be used, and if the participant believes anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction's or negligence, but the actions, inaction's or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Acknowledge that it is the participant's responsibility to properly insure and/or pay all medical costs in the event of an injury, and to be knowledgeable of where to contact assistance in the case of an emergency.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the City of Hutchinson MN, McLeod County/McLeod County Fairgrounds, the Hutchinson Shotokan Karate Club, the American Shotokan Karate Federation, its affiliated clubs, their respective administrators, officers, directors, agents, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releasees, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. In the event that injury or illness while competing in the 2010 Annual Shotokan Classic Karate Tournament activities on April 23rd & 24th, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency medical facility and/or hospital.
7. Hereby consent to allow the use of my picture and/or voice or likeness in any official documentary, promotional, exclusive television and radio or film coverage of the 2010 Annual Shotokan Classic Karate Tournament activities in any manner incidental to my participation said activities and without compensation to me.

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

Signature of Parent/Legal Guardian if Athlete under Age 18

Date Signed

Emergency Contact Name

Emergency Contact Telephone

FOR OFFICE USE ONLY:

Date Received: _____ Amount \$ _____ Cash Check Check No. _____ Waiver: Yes No