



# Whitecourt Wado Kai Karate Club Tournament

## Saturday, February 11<sup>th</sup>, 2012

Allan and Jean Millar Centre, #58 Sunset Blvd., Whitecourt, AB  
Contact: Shelley McGregor (780) 778-8824 Email: [smcgm@telusplanet.net](mailto:smcgm@telusplanet.net)

*All times are approximate, as the tournament will be run continuously, so please be early.*

<b>Junior &amp; Adult Registration:</b> 8:05 a.m. – 8:45 a.m.	
<b>Black Belt Meeting:</b> 8:30 a.m. <b>Timekeepers Meeting:</b> 8:30 a.m.	
<b>OFFICIAL BOW-IN 9:00 a.m.</b>	
<b>Division of Competitors</b>	After bow-in
<b>Junior Kyu Belt Competition</b>	9:15 a.m. – 12:00 p.m.
<b>Black Belt KING OF THE RING Competition</b> 12:00 p.m. – 12:30 p.m.	
<b>Black Belt Sei Shun Tei Kata Competition</b> 12:30 p.m. – 1:00 p.m.	
<b>Adult Kyu Belt Competition</b>	1:00 p.m. – 3:15 p.m.
<b>Black Belt Competition</b> <i>(SWKKF rules)</i>	3:15 p.m. – 5:30 p.m.

Adult karateka will be encouraged to assist as scorekeepers and timekeepers.

There will be a small concession available (subs, fruits, water & juice)

Our field house has a swimming pool/hot tub for anyone interested in using these facilities.

**Tournament Costs:     \$20.00 / competitor**  
**\$50.00/family**  
**Spectators are free**

*Sanctioned by the Shintani Wado Kai Karate Federation*

All competitors MUST wear mouth guards and protective hand pads.  
Extras will be supplied if you do not have your own. There will be NO exceptions.  
Shin Pads and Groin Protection are Strongly Recommended.



# Whitecourt Wado Kai Karate Club Tournament & Workshops

Contact: Shelley McGregor (780) 778-8824 Email: [smcgmc@telusplanet.net](mailto:smcgmc@telusplanet.net)

Workshops will be instructed by our special guests:

**Sensei Denis Labbe & Sensei Ron Mattie**

## Friday Workshop – February 10<sup>th</sup> 2012

*An exciting workshop instructed by Sensei Denis Labbe & Sensei Ron Mattie. This is a great opportunity to learn from & meet our SWKKF President and Chief Instructor.*

**REGISTRATION** will begin at 5:30 p.m.

Junior Workshop: 6:00 p.m. - 7:00 p.m.      Adult/Teen Workshop: 7:00 p.m. – 9:15 p.m.

Cost: \$10, \$30 per family      Location: St. Mary's School, 5630 Mink Creek Rd.

## Saturday Tournament – February 11<sup>th</sup> 2012

**REGISTRATION** will begin at 8:05 a.m.      Cost: \$20, \$50 per family

Location:      Allan & Jean Millar Centre Fieldhouse, #58 Sunset Blvd.

## Sunday Brown Belt / Black Belt Workshop – February 12<sup>th</sup> 2012

*All Brown and Black belts are invited to participate in this advanced clinic.*

Workshop: 9:30am - 12:30pm      Cost: \$10

Location: St. Mary's School, 5630 Mink Creek Rd.      (Bring a light lunch)

## Whitecourt Hotels

### Holiday Inn Express & Suites

Telephone: (780) 778-2512 or (780) 778-2580

Address: 4721 – 49 St.

### Lakeview Inn & Suites

Telephone: (780) 706-3349

Address: 3325 Caxton St.

### Western Budget

Telephone: (780) 706-2030

Address: 3405 Kepler St.

### Super 8

Telephone: (780) 778-8908

Address: 4121 Kepler St.



# WHITECOURT WADO KAI KARATE TOURNAMENT COMPETITION ENTRY FORM

Competitors Name: \_\_\_\_\_

Age: \_\_\_\_\_ Belt Rank: \_\_\_\_\_ Gender: M F

Sensei: \_\_\_\_\_ DOJO \_\_\_\_\_ Passbook: \_\_\_\_\_

### Workshop Fee

Friday \$ 10.00

Family Fee - Fri \$ 30.00

Sunday \$ 10.00

### Tournament Fee

Adults (16 & over) \$ 20.00

Juniors (15 & under) \$ 20.00

Family \$ 50.00

### Events Entered:

KATA

SEI SHUN TEI KATA

Black Belts Only:

KUMITE

KING OF THE RING

Total Fee Paid: \_\_\_\_\_ (Cheques payable to - Whitecourt Wado Kai Karate)

### Participant Information, Waiver of Claim and Assumption of Risk

Please carefully read the following section before signing; all competitors are required to have this form properly completed and on record with tournament officials. In consideration of the benefits received by me and of permission granted now or in the future to participate in the Wado-Kai Tournament. I agree and acknowledge that:

- I have met all of the prerequisites and conditions required for participation in the Tournament.
- I will abide by the rules and decisions imposed on the participants of this Tournament.
- I recognize there are risks and hazards inherent in the very nature of the Tournament and that as a result of these risks and hazards, I as a participant may suffer accident, personal injury including death, as well as loss of damage to personal property. I nevertheless freely and voluntarily assume the aforesaid risk and hazards and, accordingly, my participation in any way in the Tournament shall be entirely at my own risk.
- I agree now and in the future to indemnify, hold and save harmless from any claim (including medical services), liability, suit, action or other proceeding of any kind arising from my participation in the Tournament the Wado-Kai Karate Club, and their officers, agents, employees, instructors, fellow participants or authorized guests.
- The Tournament officials may secure such medical advice and services, as they, in their sole discretion, may deem necessary for my health and safety and I shall be financially responsible for such advice and service.
- I fully understand that any medical treatment given to me at the Tournament will be first aid treatment only.
- This **Information, Waiver of Claim and Assumption of Risk** is binding on my heirs, my executors, administrators, personal representatives, assigns and me.
- The Whitecourt Wado Kai Karate Club is collecting this information in accordance with the Personal Information Privacy Act (2003). We will use this information to maintain membership lists under the requirements of the Societies Act (1980), to provide phone/email lists to members, to contact members with information about the club and SWKKF, and in the event of an emergency. We will not share this information with any third parties without prior written consent. By signing this form, you consent to this use of the information you provide.

\*\*\*\*\*Permission to publish first name and last initial and/or photographs of competitors: \_\_\_\_\_ (please initial)

**Note:** If the participant is under the age of eighteen (18) years, a parent or legal guardian must also sign below; no other signature will be accepted.

Dated At \_\_\_\_\_ on \_\_\_\_\_ the \_\_\_\_\_, 201\_\_  
(Month) (Day)

Signature of Participant \_\_\_\_\_

Signature of Guardian \_\_\_\_\_  
(If participant is less than 18 years)