



OHIO AMATEUR ATHLETIC UNION DISTRICT CHAMPIONSHIP

WHEN: Saturday February 25, 2017

WHERE: Kids First Sports Center
7900 E. Kemper Rd.
Cincinnati, OH 45249

FEE: When received by February 19, 2017 - \$45 for two events
\$10 for each additional event. \$10 late fee (after February 19 2017)

- ? All participants must have a current AAU membership before the competition begins
- ? AAU Membership fee is not included in the tournament fee
- ? Purchase an AAU membership online at www.ausports.org
- ? This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.

SPECTATORS: ADULTS \$5 Ages 6-18 \$3 Ages 5 and under free

MANDATORY EQUIPMENT:

All competitors must wear: plain white gi only, mouth guard, white AAU approved hand pads, cup (males); all youth wear white AAU approved head gear (up to and including 18)-AAU karate patch. OPTIONAL: white cloth chin guards (adults), White cloth shin and instep (youth); white chest protectors (worn under gi only) No jewelry or headbands. Important: beginners wear white belts; novice wears green belts; Intermediate wears brown belts; advanced wear black belts. AAU rule book available at www.aaukarate.org

EVENTS: Kata, Kumite and Kobudo

TIMES:

| | |
|----------|--|
| 08:30 am | Doors Open |
| 09:00 am | Officials meeting and advanced staging |
| 10:30 am | All Intermediate (brown belts) |
| 11:30 am | All Novice (green belts) |
| 12:30 pm | All Beginners (white belts) |

Please try to arrive 30 minutes prior to staging time.

DIVISIONS:

- Age 5 – Beginner only
- Age 6 – Beginner/novice only
- Age 7 – Beginner/novice/intermediate only
- Age 8 and up – Beginner/novice/intermediate/advanced

We reserve the right to combine divisions in order to provide competition for the athletes.

All male and female divisions will be separated for kumite.



OHIO AMATEUR ATHLETIC UNION DISTRICT CHAMPIONSHIP

Last Name _____ First Name _____

Address _____

City/state/zip _____ Phone _____

Dojo Name _____ Sensei's Name _____

AAU# _____ Email _____

Age as of July 1, 2017 _____ Birth date ____/____/____ Sex: Male Female
Height: _____ Ft. _____ In. Weight _____ Lbs.

5-6 7-8 9-10 11-12 13-14 15-17 18 & up

- ? Beginner (0-12 months)
- ? Novice (1-2 years)
- ? Intermediate (2-4 years)
- ? Advanced (over 4 years)

I would like to participate in: (please check all that apply)

- ? Kata (forms)
- ? Kumite (sparring)
- ? Kobudo (weapons)

FEE: Individual \$45 for two events. Add \$10 for each additional event. Mail cashier's check, money order or credit card:

Card number _____ exp. Date _____ CCV _____

Nishime Family Karate
24153 State Line Rd.
Lawrenceburg, IN 47025
Dojo (812) 637-5425
Email: benjaminnishime@fuse.net



MEDICAL INFORMATION:

☐ I HAVE NO MEDICAL PROBLEMS

☐ I HAVE MEDICAL PROBLEMS, BUT I AM ABLE TO COMPETE. DESCRIBE MEDICAL PROBLEM(S) OR ATTACH DOCTOR'S

NOTE. _____

RELEASE AND INDEMNITY

In consideration of the acceptance of myself or my child to participate in the Ohio AAU championships, I agree to assume the risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones) and, on my own behalf, and on behalf of my heirs, executors and administrators, release forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of myself or my child in such activity, and further damages, costs or expenses, including, but not limited to attorney's fees and disbursements. For this event, the released parties are the Amateur Athletic Union, Kids First Sports Center, Nishime Family Karate, their successors, and assigns of each of the foregoing entities. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by myself or my child, before, during, or after such participation. I declare that I and/or my child are physically fit and has the skill level required participating in this particular event. I further authorize medical treatment for my child, or myself at my cost, if the need arises. I further grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Date _____ Signature of Competitor _____

Signature of parent (if competitor is under 18 years of age) _____