

2015 ADIRONDACK ASSOCIATION AAU KARATE DISTRICT CHAMPIONSHIP

ALBANY, NEW YORK
March 14, 2015



Adirondack District Chair /Regional Director
Shihan Tony Butler, Jr.
e-mail:shihanbutler@aol.com

- ? This event is sanctioned by the Amateur Athletic Union of the U.S, Inc.
- ? All participants must have a current AAU membership
- ? AAU membership may not be included as part of the entry fee to the event
- ? AAU membership must be obtained before the competition begins. Participants are encouraged to visit the AAU website www.aausports.org to obtain their membership

AAU ADIRONDACK DISTRICT KARATE CHAMPIONSHIPS

Please Print Clearly

Applicant/Athlete (Last Name) _____ (First Name) _____ (Telephone No.) _____

Address _____ City _____ State _____ Zip _____

Birthdate : / / Age: Sex: ? Male ? Female Height: Ft. In. Weight: lbs.
(mo./day/yr) (*As of 7/1/15)

(If age is challenged, please be able to produce proof of age, such as a birth certificate, passport, etc.)

Dojo/Club Name _____ Sensei's Name _____ 2014-15 AAUNumber _____

Karate Experience I WILL COMPETE IN THE FOLLOWING CATEGORIES

Check One below:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Kobudo (Weapons) |
| <input type="checkbox"/> Novice | <input type="checkbox"/> Kata—16 yr. old or older advanced (3 rounds Shitei/Sentei/Tokui) |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Kata (all ages & experience levels EXCEPT Adult Advanced) |
| <input type="checkbox"/> Advanced | <input type="checkbox"/> Kumite (sparring) |

Seniors (35 + years) only : I am a senior/master and wish to compete in adult group (ages 19-34). Check this box only if you wish to compete in this group.

= Beginner – less than one year of training

= Novice – more than one year, less than two years

= Intermediate – two years, less than four years

= Advanced – four years or more

Medical Information : check one below

I have NO medical problems I have medical problems, but I am able to compete.
Describe medical problem(s), or attach doctor's note.

Liability Waiver

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the Amateur Athletic Union of the United States, the American Institute of Japanese Karate and the Albany Council of Traditional Karate-Do and all of its officers, judges, volunteers, workers, successors, affiliates, and members for any liability of injury I may sustain by way of traveling to or from, participating in, or other direct or indirect involvement with the AAU, AIJK, AC-TKO or its tournaments that I or my child(ren) has entered. In addition, I hereby for now and forever, accept any and all responsibilities or any actions in conjunction with this event(s) in any way connected. Finally, I agree to allow, without compensation, the unrestricted use of any photographs or videotape of myself or my child(ren).

Signature _____ Date _____

(Parent or Guardian's Signature if under 19) E-mail address _____

TOURNAMENT FEES: \$65.00

*AAU Memberships: \$16.00 (18 yrs. & under), \$29.00 (adult 19 & up), \$16.00 coach membership all ages.

If not a current 2014-15 AAU member, please add applicable fee to your tournament fee. A membership card will be mailed to those who have included the membership fee. APPLICATION MUST BE RECEIVED BY 3/10/2015.

LATE APPLICATIONS WILL BE CHARGED AN ADDITIONAL \$10.00. MAKE CERTIFIED CHECKS OR

MONEY ORDERS PAYABLE TO: AC-TKO. MAIL TO: 1314 * 3rd Street Rensselaer, NY 12144

Or e-mail: patricepeck54@aol.com

2015 AAU ADIRONDACK DISTRICT KARATE CHAMPIONSHIPS

EVENT INFORMATION

RULES & REGULATIONS

Tournament

Adirondack District Chair/Regional Director:
Shihan Tony Butler, Jr

Host: American Institute of Japanese Karate
100 Broadway, Bldg #5 Menands, NY

Date: March 14, 2015

Location:

Start Times: Tournament begins – 9:30 a.m.

Age: 5 – Adult (individual competition)

Competition: Kata (form), kobudo (weapons) and
kumite (sparring)

Rules: AAU

Sanctioned By: Amateur Athletic Union of the U.S.

Spectator Fees: Spectator admission: \$5.00 Adults
\$3.00 Children/under 2 yrs of age Free

Competitors: Please note: Ages may be combined by
experience level. This tournament is a
Qualifier for the Regional Championships.

Mandatory Equipment

White naughahyde/leather fist guards
(AAU approved)

White foam face headgear with face
shield (AAU approved) - ages 18 and
under Groin cup protector (males)
Mouth guards

Optional Equipment

White cloth shin pads (adult)

White cloth shin/instep pads (youth)

White foam open face headgear
(adult)

DRESS CODE

THE OFFICIAL AAU KARATE PATCH MUST BE WORN FOR THIS COMPEITION (SEWN ON GI)

BEGINNERS MUST WEAR WHITE BELT

NOVICES MUST WEAR GREEN BELT

INTERMEDIATES MUST WEAR BROWN BELT

ADVANCED COMPETITORS MUST WEAR BLACK BELT

Traditional white gi (no piping or stripes)

No rolled sleeves or cuffs

Pants must be $\frac{3}{4}$ lengths (between ankle and knee)

Sleeves must be $\frac{3}{4}$ lengths (between wrist and elbow)

Females must wear plain white T-shirt or white sports bra under top

No headbands or jewelry

TOURNAMENT ADDRESS

College of St. Rose
432 Western Avenue
Albany, New York 12203

2015 AAU ADIRONDACK DISTRICT KARATE CHAMPIONSHIPS

TOURNAMENT SCHEDULE

March 14, 2015

7:30 AM Sign in and registration
8:30 AM Opening ceremonies
9:30 AM Competition to begin

STAGING SCHEDULE

9:30 AM KATA, KOBUDO, KUMITE
All 16 years and older Advanced (male and female)
All adult and senior (male and female) Beginner, Novice and Intermediate

9:45 AM All 5 – 8 year old male and female Beginners and Novice

10:00 AM All 5 – 8 year old male and female Intermediate and Advanced

11:00 AM All 9 – 12 year old male and female Beginner and Novice

12:00 PM All 9 – 12 year old male and female Intermediate and Advanced

1:00 PM All 13 – 18 year old Beginner and Novice male and female

2:00 PM All 13 – 15 year old Intermediate and Advanced

All TEAM Competitors

We reserve the right to combine Divisions

*Times may vary slightly on the actual day of competition.

2015 Adirondack Association Karate Championships TEAM APPLICATION

TEAM NAME: _____ CITY: _____ STATE: _____

WE WILL PARTICIPATE AS A:

- ? Pee Wee Team (Ages 5-8) ? Junior Team (Ages 9-12)
 ? Youth Team (Ages 13-15) ? Teen Team (Ages 16-18)
 ? Collegiate Team ? Adult Team (Ages 19-34)
 ? Senior/Master Team (Ages 35+)

THIS TEAM CONSISTS OF:

- ? All Male Members ? All Female Members ? Combined *

THIS TEAM WILL COMPETE IN THE FOLLOWING EVENTS:

- ? Kobudo ? Kata ? Kumite (Sanbon)

PLEASE NOTE:

1. Team participation level is determined by the age of the OLDEST Team Member (kata / kobudo)
2. All members of a kumite team Must be the same sex and in the same age category
3. Team Members MAY NOT compete in multiple levels (i.e. Collegiate and Adult)
4. * Under 19 may combine sexes in Teams in Kobudo and Kata ONLY!!

Fees Owed: \$35.00 for all Events

_____ One Event
 _____ Two Events
 _____ Three Events
 \$_____ Total Fees Paid

NAME	2014-15 AAU #	AGE
1.		
2.		
3.		

Adult and Minor Athletic Waiver and Release of Liability

In order for my child(ren) or me to participate in the 2015 AAU Karate Association Championships and Qualifier, I agree to assume the risks incidental to such participation (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 and 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 my child(ren) or me 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 American Institute of Japanese Karate, The Albany Council of Traditional Karate-Do, its officers, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches and other employees, staff, official and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event. 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(ren), before, during, or after such participation. I declare that I and/or my child(ren) are physically fit, are a current 2014-15 AAU member, and have the skill level required to participate in this particular event. I further authorize medical treatment for my child(ren) or myself at my costs, if the need arises. I grant the released parties the right to photograph and/or videotape me and/or my child(ren) and further to use our name, face, likeness, voice and appearance in connection with the exhibitions, publicity, advertising, and promotional materials without reservation or limitation.

 Signature of Competitor

 Signature of Parent/Guardian (if under age 19)