



2018 'Zack Ernst' Memorial Karate Tournament

(AAU Sanctioned)

Tournament Date: **SATURDAY, DECEMBER 8, 2018**

Location: **CARY GROVE HS (2208 Three Oaks Rd., Cary, IL 60013)**

Email: ContactFocusMA@gmail.com

Phone: **847-458-0938**

Check-In Schedule (doors open at 8:30 AM):

(All athletes should be at the tournament location at least 30 minutes before their scheduled check-in time.)

| | |
|--|-----------------|
| Officials report to the competition area | 8:30 AM |
| All 4-7 years old & Special Needs competitors | 9:00 AM |
| All 8-11 years old competitors | 10:30 AM |
| All 12-15 years old competitors | 12:30 PM |

Application Due: **Monday, December 3, 2018 (\$25 late fee after this date)**

Registration Fee: **\$60/athlete** Spectator Fee: **\$5/person (6 yrs & older)**

**Make checks payable to Focus Martial Arts, or pay by phone using a credit card.
Submit your form and payment to: 9342 Virginia Rd., Lake in the Hills, IL 60156.**

All athletes must be current AAU members in order to register for this event!

You can use the following link to apply for your AAU membership:

www.aaukarate.org.

Tournament Rules Highlights:

- **Only Officials, Athletes & Staff Members will be allowed on the competition floor!**
- **ALL Kihon & ALL Kata Beginner-Intermediate Divisions:** Will be using the AAU Double Elimination System
- **ALL Kata Advanced & ALL Kumite Divisions:** Will be using the Charting System With Repechage (2 min Stop Time for ALL Kumite Divisions)
- **Mandatory Kumite Equipment:** White Karate Uniforms, Fist Guards, Mouth Guard, Helmet with Face Shield and Groin Cup (boys).
- **Optional Kumite Equipment:** Chest Protector, Shin Guards, Foot Protectors.

Last Name: _____ First Name: _____ Phone #: _____

Address: _____ City: _____ State _____ Zip _____

DOJO: _____ Sensei Name: _____

2018-19 AAU #: _____ Gender: M F Birth date: ____/____/____ Age: ____

| DIVISIONS | EVENTS |
|--|--|
| <input type="checkbox"/> SPECIAL NEEDS DIVISION Fill in Belt Color/Rank: _____/_____ | <input type="checkbox"/> KIHON / BASICS <i>(Special Needs, Beginner & Novice Divisions Only)</i> |
| <input type="checkbox"/> AAU BEGINNER (WHITE - BLUE BELTS) Fill in Belt Color/Rank: _____/_____ | <input type="checkbox"/> KATA / FORMS |
| <input type="checkbox"/> AAU NOVICE (GREEN - PURPLE BELTS) | <input type="checkbox"/> KUMITE / SPARRING |
| <input type="checkbox"/> AAU INTERMEDIATE (BROWN BELTS) | <u>OLYMPIC STYLE KUMITE</u> <input type="checkbox"/> 12 – 13 YRS OLD |
| <input type="checkbox"/> AAU ADVANCED (BLACK BELTS) | <u>OLYMPIC STYLE KUMITE</u> <input type="checkbox"/> 14 – 15 YRS OLD |

(If enrollment is low we may combine divisions by rank, age and/or gender!)

Medical Information (Please indicate any conditions below which apply to you):

I have no medical problems

I do have medical problems (Please describe) _____, and our doctor has approved my child for competition

Signature of Parent/Guardian: _____

Waiver: I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless: Focus Martial Arts Inc. and all of it's officers, judges, referees, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury my child(ren) or I may sustain by way of travel to and from, participating in, or other direct or indirect involvement in the Focus Martial Arts Inc. Tournament. In addition, I hereby for now and forever, accept any and all responsibility for my actions in conjunction with the Focus Martial Arts Inc. Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of my child(ren) or myself as long as personal details are not listed with these reproductions.

Signature: _____ **Date:** ____/____/____

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*****Office use only*****

Date: _____ Initials: _____ Check/Cash/Charge _____ Misc: _____ Total Fees: _____