

9th Kyokushin Challenge Tournament in Oregon Invitation

To: Full Contact Karate Practitioners

Date: Saturday, March 27, 2010 / 9 am-5 pm (Registration starts at 9, Opening Ceremony starts 10)

Location:

Conestoga Recreation Center (9985 SW 125th Ave., Beaverton, Oregon 97008)

Format:

Kyokushin Style Fighting (allowed only: fall cup, female soft chest guard, mouth / teeth guard, Youth & Children plus Headgear, hand pads, & shin-instep guard)
2 min. (Honsen) + 2 min. (1st ext.) + 1 min. (2nd ext.)

General Divisions: (all weights listed in U.S. pounds)

Children (male and female mixed) - Lightweight (Up to 60)

Children (male and female mixed) - Heavyweight (60+)

Junior Female - Lightweight (up to 80)

Junior Female - Heavyweight (80+)

Junior Male - Lightweight (up to 100)

Junior Male - Heavyweight (100+)

Adult Female - Lightweight (-145)

Adult Female - Heavyweight (145+)

Adult Male - Featherweight (up to 139)

Adult Male - Lightweight (140- under 160)

Adult Male - Middleweight (160-under 180)

Adult Male - Heavyweight (180-under 200)

Adult Male - Super Heavyweight (200+)

Senior – 40 years old +

Note: *All weight divisions subject to change depending on number of participants in each division.*

Awards:

Trophies for 1st-3rd place

Entry Fees: \$40

Application and Schedule:

The tournament application is attached to this invitation. Please complete paperwork prior to the tournament. All payment and paper work will be received by March 1, 2010. Registration and weigh-check will begin at 9am at the Conestoga Recreation Center. .

Please contact Shihan Ito, Kyokushin Oregon kyokushinor@yahoo.com / 971-226-9423

KYOKUSHIN CHALLENGE IN OREGON TOURNAMENT

Assumption of Risk

In consideration of being allowed to participate in the sport of martial arts, an activity that involves physical contact and potential injury, I **hereby voluntarily assume all risks in participating in the Kyokushin Challenge in Oregon Karate tournament, including travel to or from participation sites.** I understand that supervision by tournament coordinators is not provided and by participating in this tournament, I am **exposing myself to the risk of injury including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, or spinal injuries, loss of use of arms and/or legs, eye and/or mouth and/or dental damage, disfigurement or even death.** I am also aware that there are other inherent risks of injuries that may occur by my participation in the Kyokushin Challenge in Oregon tournament that cannot be specifically listed.

I have carefully read the Assumption of Risk and fully understand its contents. This agreement is between the Kyokushin Challenge in Oregon tournament coordinators and myself and I have signed the document of my own free will. I hereby release tournament coordinators from any and all liability as a result of my participation of the Kyokushin Challenge in Oregon tournament.

Signature of Participant: _____ Date: _____

Signature of the Witness to the Signing of this Document: _____

If signee is under the age of 18, parent or legal guardian must sign: _____

Tournament Registration

Last Name: _____ First Name: _____ SSN: _____

Address: _____ City: _____ State/Province: _____

Age: _____ yrs Gender: Male Female (circle one) Weight: _____ lbs Height: _____ ft _____ in

Martial Arts System: _____ Dojo: _____ Current Rank: _____ Experience: _____ yrs

Pre-existing Injury (briefly describe): _____

Emergency Contact Person: _____

Name

Phone Number

Medical Insurance Information:

Provider

Policy Number

Group Number

NOTE: the tournament coordinators strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We also encourage those with a pre-existing condition to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in activities such as the Kyokushin Challenge in Oregon tournament.

2010 Kyokushin Challenge in Oregon

PAYMENT / ORDER FORM

Direct payment:

We are only accepting cash and local check at the door.

Mail completed payment:

<Pay by Check or Money order>

Please make a check payable to Kyokushin Karate LLC.

<Pay by credit card>

Use the *Credit Card Authorization Form* on the bottom.

Please mail your Order Form and Payment to :

Kyokushin Oregon

9950 SW Beaverton-Hillsdale Hwy., Beaverton, OR 97005

You can also deposit at CHASE bank. For details, please contact at kyokushinor@yahoo.com or call 503-490-2326 (Ito).

PRICE LIST

- | | |
|---|--------------------------|
| 1) Fighter Registration | \$40 |
| 2) Individual Admission | \$10 (kids under 5 free) |
| 3) Seminar by Kancho (President) | \$10 |
| 4) Admission to Sayonara Party | \$10 |
| 5) Tournament T-shirt | \$15 |
| A) <i>Supporter Package #1</i> | \$20 |
| (including : Admission, Party, & Seminar) | |
| B) <i>Supporter Package #2</i> | \$35 |
| (Admission, Party, Seminar, & T-shirt) | |
| C) <i>Fighter Add-on / Dojo Operator</i> | \$15 |
| (Party, T-shirt) | |

Kyokushin Karate LLC
 9950 SW Beaverotn-Hillsdale Hwy. Beaverton, OR 97005
 503-490-2326 / kyokushinor@yahoo.com

ORDER FORM

Category	#	Price / each	Total
1) Fighter		\$40	
2) Admission		\$10	
3) Seminar		\$10	
4) Party		\$10	
5) T-shirt	Size S _____	\$20	_____
	Size M _____	\$20	_____
	Size L _____	\$20	_____
	Size XL _____	\$20	_____
	Size XXL _____	\$23	_____
A) <i>Package 1</i>		\$20	
B) <i>Package 2</i>	Size S _____	\$35	_____
	Size M _____	\$35	_____
	Size L _____	\$35	_____
	Size XL _____	\$35	_____
	Size XXL _____	\$38	_____
C) <i>Add on</i> <i>Fighters /</i> Dojo Oepraters	Size S _____	\$15	_____
	Size M _____	\$15	_____
	Size L _____	\$15	_____
	Size XL _____	\$15	_____
	Size XXL _____	\$18	_____
*Total # of People in Seminar			_____
Grand Total	+++++	+++++	\$ _____

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CREDIT CARD AUTHORIZATION FORM

(We only process Visa or Master)

Visa / Master	Card #
Exp. Date	
Card Holder's Name	
Card Holder's Address	
Tel #	
Total Amount	\$
Signature	Date:

Note: If you concern about the security, you can call Ito at
503-490-2326 for your card #s.