

**“Knights Refrigeration present**

**10th Portland Open Border Challenge”**

**Saturday 9 July 2022—10.00am**

**MALE CONTACT ENTRY FORM**

**Venue: Portland Secondary College, Cnr Must & Fawthrop Streets, Portland**

This entry form to be completed and received with entry fee by no later than 2 July 2022

**All students to arrive by 9.30 in preparation for a Tournament march on.**

First Name ............................................................................... Surname ...............................................................................

Address....................................................................................................................................................................................

Contact Tel No ........................................................... D.O.B ......................................... Age (as at 9/7/22 )....................

Email ........................................................................................................................................................................................

Martial Art Style..............................................................................................Dojo..................................................................

Instructor ...................................................................... Instructor email.................................................................................

**Grade** (kyu) ..................... **Height** (cm) .................... **Expected** **Fighting Weight** on day of tournament (kg) ....................

*Full Contact Tournament History & placings (**if more space needed write additional tournaments on back of page)*

Tournament: ........................................................................................................ Year: ....................... Place: ......................

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| ***Featherweight***  | ***Lightweight***  | ***Middleweight***  | ***Heavyweight***  |
| □ Under 60.1 kg  | □ 60.1–70 kg  | □ 70.1–80 kg  | □ 80.1 kg & above  |

***Contact Divisions will be arranged by weight and grade:***Tick 1: □ Novice Contact\* □ Full Contact\*\* □ Veterans (40+) Novice\* □ Veterans (40+) Full Contact\*\*

***Lightweight Middleweight Heavyweight Super Heavyweight***□ Under 70.1 kg □ 70.1–80 kg □ 80.1–90 kg □ 90.1 kg & above
**\* Novice Contact**: Head guards (optional), 8 oz gloves are compulsory and will be provided by Tournament organisers. Shin, Mouth & Groin guards are compulsoryandto be provided by competitor.
**\*\* Full Contact**: Mouth & Groin guards are compulsory.5th Kyu and below shin guards are optional. Protective equipment to be provided by competitor.
**COLT Divisions** □ 16–17 years □ 14–15 years

Head guards, 8 oz gloves & Body guards (14–15 years) are compulsory and will be provided by Tournament organizers. Shin & Mouth guards are compulsoryandto be provided by competitor. Soft cup chest protectors are optional.

**CONTACT ENTRY FORM**

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**All contact competitors will be required to weigh-in either on Friday evening from 5–7 pm at the Portland Dojo 28 Percy Street or on the day from 9.00 am at the venue.**

Kumite rules will follow the Victorian Kyokushin Karate Association Rules which are available on request by emailing

Shihan Ron Jorgensen rdjorgo@gmail.com

**All participants are required to have a signed Doctor’s permission letter to be presented at Weigh-in before being able to participate. A copy is on the website**

All Colts and Novice Competitors are encouraged to bring their own head protection; gloves & body shields to limit spreading germs. If you do not have access to such equipment, the tournament will still supply these items and they will be sanitised between each round.

### Assumptions of Risk and Release of Liability

I the undersigned, do hereby voluntarily submit my application for participation in the 2021 Portland “Open Border Challenge” tournament. I assume full responsibility for any and all damages, injuries or losses of any kind that may occur whilst participating in this tournament. I agree to waive all claims and forever release the organisers, the promoters, participants, officials and sponsors from any injuries that I may sustain whilst participating in this tournament. I accept that any medical treatment on the day will be of a first aid basis only.

Signed (by Competitor) ................................................................................................................ Date:………………….

Parent/Guardian **print name**: …………………………………………………………………………..

Signed (by Parent/ Guardian if U/18)…………………………………………………………………... Date…………………

**Entry Fee**: $20.00 Please pay into this account **Spectators:** Adults $5/ Children u/16 $2

(Cameras & Video Cameras permitted).

BSB: 633000 Acct No: 142432913 Acct Name: Portland Kyokushin Karate Club

Further information may be obtained by telephoning Shihan Ron Jorgensen or Sempai Debbie Jorgensen – 0477 387 244