



CCIKA's 3rd Annual Winter Karate Championship

Saturday, February 12, 2005

Alviso Youth Center • 5040 N. First Street • San Jose, California • 95002

Fill in below (print information)						Division No. _____					
Name _____			Age _____			DOB _____					
Address _____				Phone _____				Email _____			
City _____				State _____				Zip _____		Rank _____	
Karate School Name _____						Instructor _____					

KUMITE (SPARRING) – Check Appropriate Division

Youth Divisions (Beginner - less than 6 months; Intermediate - 1 yr. above; Advanced - brown/black belt)

No.	Division	Beg	Int	Adv		No.	Division	Beg	Int	Adv	
1	Girls, Lil Ninja					7	Boys, Lil Ninja				
2	Girls 5-6 years					8	Boys 5-6 years				
3	Girls 7-8 years					9	Boys 7-8 years				
4	Girls 9-11 years					10	Boys 9-11 years				
5	Girls 12-14 years					11	Boys 12-14 years				
6	Girls 15-17 years					12	Boys 15-17 years				

Adult Divisions (Beginner - less than 6 months; Intermediate - 1 yr. above; Advanced - brown/black belt)

No	Division	18+	35+	45+		No	Division	18+	35+	45+	
13	Women beginners					17	Men beginners				
14	Women Intermediate					18	Men Intermediate				
15	Women Brown Belt					19	Men Brown Belt				
16	Women Black Belt					20	Men Black Belt				

Entrance Fee: \$25 per event ** \$35 for two events (pre-registration) **\$50 for three eventsTeam Kata \$45 per team**Team Kumite \$45 per team**\$25 at the door ** \$20 each individual for team event (Cash ONLY at the door) **NO Refunds, No Exceptions**

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the CCIKA 3rd Annual Winter Karate Championship, at the Alviso Youth Center, February 12, 2005. I do hereby assume full liability for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating. I do hereby waive all claims against the promoters, operators, sponsors and officials of the City of San Jose, for any injuries that I may sustain. I fully understand that any medical treatment given me will be of first-aid type only.

If under 18, this release form must be signed by a parent or guardian.

Signature of Contestant

Signature of Parent or Guardian

** For pre-registration, please make checks or money orders payable to CCIKA and remit to:
12 S.First Street #820, San Jose, CA 95113

Must be received by 2/10/2005.
For more information call: Sensei James Carter at 408-971-4760.

