

OHIO AMATEUR ATHLETIC UNION DISTRICT CHAMPIONSHIP

WHEN: Saturday March 23, 2019

WHERE: Kids First Sports Center

7900 E. Kemper Rd. Cincinnati, OH 45249

FEE: When received by March 18, 2018 - \$50 for two events

\$10 for each additional event. \$10 late fee (after March 18, 2019)

This event is licensed 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 Youth Athlete membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection. Be Prepared: Adult and Non Athlete memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership

SPECTATORS: ADULTS \$5 Ages 6-18 \$3 Ages 5 and under free

MANDATORY

EQUIPMENT: All competitors must wear: plain white gi only, mouth guard, white AAU

approved hand pads, cup (males); all youth wear white AAU approved head gear (up to and including 18)-AAU karate patch. OPTIONAL: white cloth chin guards (adults), White cloth shin and instep (youth); white chest protectors (worn under gi only) No jewelry or headbands. Important: beginners wear white belts; novice wears green belts; Intermediate wears brown belts; advanced wear black

belts. AAU rule book available at www.aaukarate.org

EVENTS: Kata, Kumite and Kobudo

TIMES: 08:30 am Doors Open

09:00 am Officials meeting and advanced staging

10:30 am All Intermediate (brown belts)

12:00 pm All Novice (green belts) 1:00 pm All Beginners (white belts)

Please try to arrive 30 minutes prior to staging time.

DIVISIONS: Age 5 – Beginner only

Age 6 - Beginner/novice only

Age 7 – Beginner/novice/intermediate only

Age 8 and up - Beginner/novice/intermediate/advanced

We reserve the right to combine divisions in order to provide competition

for the athletes.

All male and female divisions will be separated for kumite.

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Last Name	First Name
Address	
City/state/zip	Phone
Dojo Name	Sensei's Name
AAU#	Email
Age as of July 1, 2019 Birth Height: Ft In. Weight	date// Sex: Male FemaleLbs.
5-6 7-8 9-10 11-12 13-14	15-17 18 & up
 ? Beginner (0-12 months) ? Novice (1-2 years) ? Intermediate (2-4 years) ? Advanced (over 4 years) 	
I would like to participate in: (please chees ? Kata (forms) ? Kumite (sparring) ? Kobudo (weapons)	eck all that apply)
check, money order or credit card:	dd \$10 for each additional event. <u>Mail cashier's</u>

Nishime Family Karate 24153 State Line Rd. Lawren ceburg, IN 47025 Dojo (812) 637-5425 Email: benjaminnishime@fuse.net



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MEDICAL INFORMATIONI HAVE NO MEDICAL	
PROBLEM(S) OR ATTAC	OBLEMS, BUT I AM ABLE TO COMPETE. DESCRIBE MEDICAL H DOCTOR'S
	RELEASE AND INDEMNITY
agree to assume the risk muscle injuries and brok administrators, release for claims, actions, damages participation of myself or not limited to attorney's fathletic Union, Kids First the foregoing entities. I uron the negligence, actio (including death) and prosuch participation. I decoparticipating in this participating in this participation, if the need arises. I and further to use my inpublicity, advertising, and	ceptance of myself or my child to participate in the Ohio AAU championships, incidental to such participation (which risks may include, among other things in bones) and, on my own behalf, and on behalf of my heirs, executors and rever discharge the released parties defined below, of and from all liabilities costs or expenses of any nature arising out of or in any way connected with the respect of the costs of expenses of any nature arising out of or in any way connected with the respect of the costs of expenses, including, but sees and disbursements. For this event, the released parties are the Amateur Sports Center, Nishime Family Karate, their successors, and assigns of each of the derivation of any of the above released parties and covers bodily injurity damage, whether suffered by myself or my child, before, during, or after that I and/or my child are physically fit and has the skill level required all ar event. I further authorize medical treatment for my child, or myself at my further grant the released parties the right to photograph and/or videotape mane, face, likeness, voice and appearance in connection with exhibitions promotional materials without reservation or limitation. The released parties ligation to exercise said rights herein granted.
Date	Signature of Competitor

Signature of parent (if competitor is under 18 years of age)_____