



2024 WINTER OPEN KARATE CHAMPIONSHIPS

Koko Head District Gym
423 Kaumakani St. – Honolulu, HI 96825
Sunday, February 4, 2024 (9:00am to 4:00pm)

NAME _____ AGE _____ M/F _____ BIRTHDATE _____
First (Print) Last

ADDRESS _____ PHONE# _____

KARATE SCHOOL _____ INSTRUCTOR _____ BELT RANK _____

KATA DIVISION

- | | | |
|---|---|--|
| <input type="checkbox"/> FEMALE – 5 yrs. & under | <input type="checkbox"/> MALE – 5 yrs. & under | <u>RANK</u> |
| <input type="checkbox"/> FEMALE – 6 yrs. | <input type="checkbox"/> MALE – 6 yrs. | <input type="checkbox"/> White |
| <input type="checkbox"/> FEMALE – 7 yrs. | <input type="checkbox"/> MALE – 7 yrs. | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> FEMALE – 8 yrs. | <input type="checkbox"/> MALE – 8 yrs. | <input type="checkbox"/> 10th Kyu |
| <input type="checkbox"/> FEMALE – 9 yrs. | <input type="checkbox"/> MALE – 9 yrs. | <input type="checkbox"/> 9th – 8th Kyu |
| <input type="checkbox"/> FEMALE – 10 yrs. | <input type="checkbox"/> MALE – 10 yrs. | <input type="checkbox"/> 7th – 6th Kyu |
| <input type="checkbox"/> FEMALE – 11 yrs. | <input type="checkbox"/> MALE – 11 yrs. | <input type="checkbox"/> 5th – 4th Kyu |
| <input type="checkbox"/> FEMALE – 12 yrs. | <input type="checkbox"/> MALE – 12 yrs. | <input type="checkbox"/> 3rd – 1st Kyu |
| <input type="checkbox"/> FEMALE – 13 yrs. | <input type="checkbox"/> MALE – 13 yrs. | <input type="checkbox"/> Black |
| <input type="checkbox"/> FEMALE – 14 yrs. | <input type="checkbox"/> MALE – 14 yrs. | |
| <input type="checkbox"/> FEMALE – 15 to 17 yrs. | <input type="checkbox"/> MALE – 15 to 17 yrs. | |
| <input type="checkbox"/> FEMALE – 18 yrs. & above | <input type="checkbox"/> MALE – 18 yrs. & above | |

***Please Note: If divisions are small, tournament administration may combine age/rank groups.**

REGISTRATION FEE: \$20.00

RELEASE: I, the undersigned, do hereby voluntarily submit my application for participation in the 2024 Winter Open Karate Championships at the Koko Head District Gym, on Sunday, February 4, 2024, and do hereby assume full responsibility for any and all damages, injuries, illnesses or losses that I may sustain or incur, if any, while attending or participating and I hereby waive all claims against the promoters, operators or sponsors, officials, Koko Head District Gym, and the City and County of Honolulu for any injuries that I may sustain. I fully understand any medical treatment given me will be of a first aid type only.

IF UNDER 18 YRS., THIS RELEASE FORM MUST BE SIGNED BY A PARENT OR GUARDIAN.

SIGNATURE OR CONTESTANT

SIGNATURE OF PARENT OR GUARDIAN

All applications must be turned in by Saturday, January 27, 2024. No late forms will be accepted after this date or on tournament day. Entry forms may be mailed to 7231 Nuulolo St., Honolulu, HI 96825 or given to an IKF instructor. For more information, please call: (808) 221-4928. Please make checks payable to IKF.

ikfhawaii.com