



2009 Southern Cross Cup Karate Championships



5th, 6th, 7th & 8th of June, 2009
Irymple Community Leisure Centre
Irymple (Mildura), Victoria

Southern Cross Cup
PO Box 484, Hove, South Australia 5048
PHONE: (08) 8285 3091 MOB: 0404 836 084 EMAIL: office@JKASA.com.au



INVITATION

To all JKA Members throughout Australia & New Zealand,

It gives me great pleasure to invite all members of the Japan Karate Association from throughout Australia and New Zealand, to travel to Mildura (Victoria), and take part in the 2009, 2nd Annual, 'JKA Southern Cross Cup, Karate Championships'.

These championships will be held at the Irymple Community Leisure Centre, in the south-eastern suburbs of Mildura, from the 5th to the 8th of June, 2009.

The dates & location of this event have been publicised for nearly 12 months. This invitation represents the first detailed information about this year's event, but should be of no surprise to anyone.

The 2008, inaugural Southern Cross Cup was won by the Adelaide Metro Dojo, due mainly to the strong representation across all rank divisions. It is important to acknowledge the participation of our newer members – to win the Southern Cross Cup each club must perform well in all categories.

Honourable mention must go to the Noble Park Dojo, from Victoria, with the strongest representation from outside of South Australia. There were some great performances by this club's senior members, providing many of the highlights of the tournament.

We are privileged, once again, to have Nishimura Sensei as the Chief Instructor for this event, and look forward to his seminar, as always.

The Southern Cross Cup is a Club-based, Grass-roots Tournament. Whilst competing at an individual level – all individual medal results are counted on a medal tally. The Club with the highest Medal Tally Points will win the Southern Cross Cup.

This event is an open event, to be shared with everyone that is a current member of JKA. Please share this invitation with your members, and encourage them to attend. We look forward to seeing you all at our tournament.

Oss & regards,

Dion Risborg
Event Coordinator

2009 Southern Cross Cup

June 5th to 8th - Irymple Community Leisure Centre. Mildura

SCHEDULE

Friday 5 th June	Saturday 6 th June	Sunday 7 th June	Monday 8 th June
	Training: 9:00am to 11:00am (Irymple Stadium)	Training: 9:00am to 11:00am (stadium)	2009 JKA Southern Cross Cup Karate Championships Kyu Grade Events Commence 8:00am Irymple Community Leisure Centre Karadoc Avenue IRYMPLE VIC
	Lunch-Break:	Lunch-Break:	
	Training: 1:00pm to 4:00pm (Irymple Stadium)	Training: 1:00pm to 4:00pm (stadium)	
Training: 6:00pm to 7:30pm (Irymple Stadium)			
Welcome Reception: 8:00pm to 11:00pm Senior Dojo Reps (venue yet to be finalised)	Group Dinner: 7:30pm (venue yet to be finalised)	Stadium Set-Up (volunteers needed) See: Dion Risborg Phil Young Ron Brown	

THINGS TO BRING

- **States to bring chest protectors**
- **Black Belt Competitors must bring own mouth guard, fighting mitts and chest guards (females & juniors)**
- Hand towel and water bottle
- Personal First Aid supplies



EXPLANATION OF NOMINATION & FEE STRUCTURE

Paper-Work:

- Please list all referees / officials, who will be attending, that will be able to assist with operations at this tournament, on the **“PERSONNEL NOMINATION FORM”**.
- Every participating member must complete a **REGISTRATION FORM**, and forward their form with payment directly to the Tournament Administration: PO BOX 484, HOVE. SOUTH AUSTRALIA 5048
- CHEQUES PAYABLE TO **“SOUTHERN CROSS CUP”**.
- Every participant, or authorised guardian, must sign a **‘MEDICAL CLEARANCE FORM’**, and return it with their Registration Form. **This is required.**

Fee Break-down:

Fee Structure		
Seminar & Competition	\$100.00	
Registered Dojo Head Discount:	- \$20.00	<i>Limited to 1 Dojo Head, per registered Dojo.</i>
Referee, Official, or Committee Member Discount:	- \$20.00	<i>MUST be suitably qualified, or recommended by your STATE ORGANISATION</i>
Family Discount	- \$50.00	<i>Only applies to the 3rd, and subsequent, paying members. 2 must pay full-price</i>

- **There is a Family discount available**, but it only applies to the third, and subsequent members of each family, after two other members of the same family have paid **Full Price**. (People seeking ‘special consideration’ should contact the Tournament Administration office@JKASA.com.au).
- **Registered Dojo Instructors** must have a ‘Paid-up’ Dojo Registration – 1 per registered dojo.
- **Referees, Officials and Committee Members** – are not random volunteers, they **MUST** be pre-arranged with the Tournament Committee, or the discount will not apply.

All Paperwork & Payments are to go promptly to

Southern Cross Cup – Administration
PO BOX 484, HOVE. SOUTH AUSTRALIA 5048
 CHEQUES PAYABLE TO **“SOUTHERN CROSS CUP”**.

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June 5th to 8th – 2009

Irymple Community Leisure Centre: Karadoc Avenue, IRYMPLE VICTORIA

NOMINATIONS CLOSE – Friday, May 22nd

Member's Family Name:			First Name:	
Address:			Suburb:	P/code:
Email:			Ph:	Mob:
Male / Female	Age:	Height:	DOB:	Rank:
I am a REGISTERED, INSURED member of (your Dojo):				

Please include me in:		
A	Seminar	<input type="checkbox"/>
B	Competition	<input type="checkbox"/>
	Coach	<input type="checkbox"/>
C	Referee	<input type="checkbox"/>
	Scorekeeper / Official	<input type="checkbox"/>
	Support Personnel	<input type="checkbox"/>

*Everyone should be selecting "A",
But, must be either of "B" or "C",
Can NOT be both "B" & "C".*

People selecting "C" must be suitably qualified.

Fee Structure			
Seminar & Competition	\$100.00	<input type="checkbox"/>	
Registered Dojo Head Discount:	- \$20.00	<input type="checkbox"/>	Limited to 1 Dojo Head, per registered Dojo.
Referee / Official / Committee Member Discount:	- \$20.00	<input type="checkbox"/>	
Your Total:	\$		

**RETURN FORMS WITH PAYMENT TO COMPETITION ADMINISTRATION
PO BOX 484, HOVE. SOUTH AUSTRALIA 5048
(PAYMENT MUST ACCOMPANY THIS FORM – CHEQUES PAYABLE TO "Southern Cross Cup")**

****** KUMITE COMPETITORS ******
All Brown & Black Belt Kumite competitors must have their own Mouth Guard & Knuckle Protectors
FEMALES & JUNIOR COMPETITORS, COMPETING IN KUMITE EVENTS MUST WEAR A CHEST PROTECTOR

DECLARATION

I, the undersigned in consideration of, and as a condition of acceptance of my entry in this seminar/competition for myself, my heirs, executors and administrators, hereby waive all my claims, which I or they may otherwise have, arising out of any loss of life, injury or loss of any description whatsoever, which I may sustain or suffer in the course of or as a consequence of competing in the said seminar/competition. This waiver release and discharge shall be in favour of all persons, joint or severally involved in staging or promoting the said seminar/competition.

Signature: Guardians Signature.....Date...../...../.....

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Medical Clearance Form

Competitor's Full Name: _____ Date of Birth: _____

Do you have any of the following conditions?

- Heart Disease
- Epilepsy
- Diabetes
- Chronic chest condition
- High blood pressure
- Are you pregnant?
- Do you have any other medical conditions, including injuries or psychological issues that may prevent you from participating?

IF YOU ANSWERED YES TO ANY OF THESE MEDICAL QUESTIONS THEN A MEDICAL CLEARANCE IS REQUIRED BY YOUR DOCTOR

YOUR DOCTOR OR SPECIALIST CAN USE THIS FORM TO GIVE YOU CLEARANCE TO TAKE PART IN THE **SOUTHERN CROSS CUP - KARATE CHAMPIONSHIPS**

NONE OF THE ABOVE

Signed: _____

This medical clearance form is to be filled out, signed-off and stamped by your doctor giving you clearance to take part in the **Southern Cross Cup Karate Championships**

Competitor's Name: _____ Date of Birth: _____

Event to take place in IRYMPLE VICTORIA, from Friday the 5th to Monday the 8th of June, 2009

Medical Condition requiring clearance: _____

Doctor's Name: _____ Doctor's phone: _____

I, Dr _____ (Doctor Name)

Understand that this competitor, listed above suffers from the listed condition.

I give medical clearance for this individual to participate in the **Southern Cross Cup Karate Championships**.

Notes if any: _____

Doctor's Signature: _____ Date: _____