



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...../...../.....

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



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: _____