



社団
法人

豪州日本空手協会
Japan Karate Association (JKA) Australia Inc.

2015 JKA Australia National Seminar & Competition

7th (Sat) – 8th (Sun) – 9th (Mon) March 2015

Campbelltown Leisure Centre

Botanic Grove, Campbelltown, SA

Address: Lower North East Rd

Left off Route A11 coming from the city.

The centre cannot be seen from the road and is located in the park reserve.

JKA Australia Inc. Executive & Regional Teams are proud to present:



西村 隆篤

Nishimura Takaatsu Sensei

Chairman & Technical Director, JKA Australia Inc.

Rank: 7th Dan

Member of the JKA Shihankai

If you have any questions please contact:

Toni on 0409855889 email: toni.coates@jkaaustralia.com.au

or

David Rigby on 0418802097 email: david.rigby@jkaaustralia.com.au



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SEMINAR & COMPETITION REGISTRATION FORM

All sections must be completed.

Surname _____		First Name _____	Current Level Must be Entered Kyu <input type="checkbox"/> Dan <input type="checkbox"/>
Birthday dd/mm/yyyy ____/____/____	Male <input type="checkbox"/> Female <input type="checkbox"/>	JKA Organization _____	Dojo/Branch _____
Dojo/Branch Instructor		JKA Membership #	

SEMINAR & COMPETITION - FEE SCHEDULE

All sections must be completed.

Seminar Only	Competition Extra	
Adults – March 1 st \$100 Under 18 & students - \$75 Paid: \$ _____ Drop In Fee Seminar Only \$60 per day.	Individual Kata - \$10 Yes <input type="checkbox"/> No <input type="checkbox"/> Team Kata - Name _____	Individual Kumite - \$10 Yes <input type="checkbox"/> No <input type="checkbox"/> Team Kumite – Name _____
SATURDAY NIGHT - BBQ – FAMILY AFFAIR – EVERYONE INVITED		
<p>Adults \$ _____ Children under 13 years \$ _____</p> <p>Total number of adults attending _____ Total number of children attending _____</p> <p>Total Amount paid \$ _____</p>		

All seminar, competition, grading & accreditation registration forms must be collected by the branch/dojo instructor for approval. All registrations must be sent to:

Toni Coates – 19 St John Place, Rowville, Victoria 3178, no later than February 23, 2015

All fees must be paid directly in JKAA's bank account at:

JKA Australia Inc., Westpac Bank, Rowville, BSB 033149 Account 393958.

Please confirm direct deposit payments including receipt # to: steve.murphy@jkaaustralia.com.au , Treasurer, and copy toni.coates@jkaaustralia.com.au.

If you have any questions please call Toni on 0409855889 or David Rigby on 0418802097.



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DAN GRADING REGISTRATION FORM

Name	First Name		Last Name	
Gender Please Tick One	Male ()		Female ()	
Date of Birth	Year	Month	Day	
Age	Years Old	Email:		
Karate Organization	Please Tick One	<input type="checkbox"/> JKA Australia Inc. <input type="checkbox"/> JKA SKC <input type="checkbox"/> JKA Western Australia <input type="checkbox"/> JKA East Coast <input type="checkbox"/> JKA WF Australia		
Nationality				
Address	Street			
	State			
	Postal Code			
	Country			
Karate Reference (Karate Instructor's Name)			Relationship	
Rank Being tested For Please Tick One	<input type="checkbox"/> 1 st Dan	<input type="checkbox"/> 2 nd Dan	<input type="checkbox"/> 3 rd Dan	
Current JKA Dan		Dan	Date of Acquisition: Year	Mo. Day
Current JKA Dan Registration #				
Length of Time Training in Karate	Months		Years	

Dojo/Branch Instructor's

Signature: _____

Date: _____

Note:

Copies of 1st kyu certificates, passports, and copies of dan certificates must accompany the dan registration form. All Forms must be collected by each branch/dojo head and forwarded to Toni Coates by 23 February, 2015.

All fees must be paid directly in JKAA's bank account at:

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ACCREDITATION EXAMINATION APPLICATION

Please complete this form and give it to you dojo/branch instructor.

*Fill in all sections of this form completely

Name	Surname		First Name	
Address	Country			
	State			
	Street			
	Phone			
	Email			
Birth Date	Year	Month	Date	Age
Organization Name (That you belong to)				
Registration Number	() Regular () Permanent			
Dan Rank	Dan	Acquisition Date: Year	Month	Day
		Registration Number:		
Testing License Circle please. (Please Circle)	Instructor	Examiner	Judge	
	D	D	D	

This section is to be completed by Administration Only.

	Instructor	Examiner	Judge
Judgement			
Authorize Number			
Exam Fee			
Registration Fee			
Notes			

Dojo/Branch Instructor's Signature: _____ Date: _____

Note:

Passports must be forwarded for all candidates sitting for accreditation examinations.

All Forms must be collected by each branch/dojo head and forwarded to Toni Coates by 23 February, 2015. If unsuccessful the candidate will be refunded the registration portion of the examination fee. The examiner's portion is \$65 and not refundable.

All fees must be paid directly in JKAA's bank account at:

JKA Australia Inc., Westpac Bank, Rowville, BSB 033149 Account 393958.

Please confirm direct deposit payments including receipt # to: steve.murphy@jkaaustralia.com.au, Treasurer,

With a copy to toni.coates@jkaaustralia.com.au.

DAN EXAMINATION & ACCREDITATION FEE SCHEDULE

Please tick the appropriate box & complete total fee paid section.

1 st Dan	<input type="checkbox"/>	Examination Fee \$ 175.00	2nd Dan	<input type="checkbox"/>	Examination Fee \$205.00
3 rd Dan	<input type="checkbox"/>	Examination Fee \$235.00			
Total Amount Paid \$ _____					
Copies of previous dan/kyu certificates must accompany dan registration forms.					
Deadline for submission – 23 rd February 2015					
No late submissions for dan grading will be accepted.					

JUDGE, INSTRUCTOR, EXAMINER ACCREDITATION - FEE SCHEDULE

Please tick the appropriate box and complete the amount paid section.

Judge	Instructor	Examiner
D <input type="checkbox"/> Fee - \$130.00 Amount Paid: \$ _____	D <input type="checkbox"/> Fee - \$130 Amount Paid: \$ _____	D <input type="checkbox"/> Fee - \$190 Amount Paid: \$ _____

Note:

Please make sure to bring your JKA Passports with you and hand them in on the 7th upon registering for the seminar & competition.

All Forms must be collected by each branch/dojo head and forwarded to Toni Coates by 23 February, 2015.

All fees are payable when submitting your applications. If unsuccessful the candidate will be refunded the registration portion of the examination fee.

The examiner's portion of \$65 and not refundable.



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WAIVER & MEDICAL INFORMATION FORM

Medical Clearance Form

1. Do you have any condition which prevents you training and competing in this event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have any condition which may endanger others training and competing in this event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. If you have answered yes to questions 1 or 2, the medical clearance below must be completed, signed and stamped by your doctor giving approval for you to participate in the JKAA Inc. National Seminar & Competition being held on 7 th , 8 th , 9 th , March 2015 at.		

Doctor's Approval

Participants Full Name:	Date of Birth:
Medical Condition requiring clearance:	Doctor's Stamp:
Doctors Name:	Doctors Phone:

I acknowledge that the participant named on this form, suffers from the condition specified. I approve medical clearance for this person's participation in the JKAA Inc. National Seminar & Competition being held on 7th, 8th, 9th, March 2015.

Doctor's Signature _____ Date _____

Waiver

I, the undersigned, in consideration of, and as a condition of acceptance of my participation in the seminar and competition being held on 7th, 8th, 9th, March 2015, for myself, my heirs, executors and administrations, hereby waive all and any claims, rights or cause of action, which I or they might otherwise have, arising out of any loss of life, injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my entry or participation in the seminar and/or competition.

This waiver extends to and operates separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the seminar and competition and the servants, agents, representatives and officers of any of them.

Name:	Branch Name:
Signature:	Date:
Parent/Guardian's Signature:	Date:

Safety Equipment Required:

All competitors must wear JKA approved fist protectors, chest protectors, mouth guards and other safety equipment specified under separate cover.

This competition will be run according to JKA Rules & Guidelines.