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豪州日本空手協会

Japan Karate Association (JKA) Australia Inc.

Theme Standardisation of Techniques

Instructors



Ueki Shuseki Shihan



Nishimura Sensei



Shiina Mai Sensei

Plus - Local Instructors 1, 2, 3 – TBA

DAY 1 – Friday 25th September

Group 1 st Dan & Above	Group 1 st – 3 rd Kyu	Group - Instructor 1 4 th – 6 th Kyu	Group - Instructor 2 4 th – 6 th Kyu
9:00 am	Registration		
10:15 – 10:30 am	Opening Ceremony		
10:30 – 12:00 noon	Ueki Shuseki Shihan, Shiina Mai Sensei & T. Nishimura Sensei Seminar 1 Basic 1 - All participants		
12:00 – 1:30 pm	Lunch		
1:30 – 3:00 pm	Ueki Shuseki Shihan, Shiina Mai Sensei & T. Nishimura Sensei Seminar 2 Basic 2 – All participants		
3:15 – 4:45 pm	Ueki Shuseki Shihan, Shiina Mai Sensei & T. Nishimura Sensei Seminar 3 Kata 1 – All participants groups T A		
5:00 – 6:00 pm	JKAA Annual General Meeting - Rowville Secondary College Sports Centre Function Room		
7:00 pm	Invitational Dinner with Ueki Shuseki Shihan, Nishimura Sensei & Shiina Mai Sensei – Tosaria International Cuisine - Invitations to Follow		



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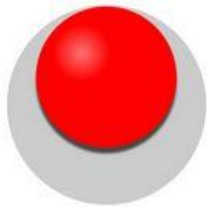
DAY 2 – Saturday 26th September

9:00 – 10:30 am	Registration			
10:30 – 12:00 noon	Ueki Shuseki Shihan, Shiina Mai Sensei, & T. Nishimura Sensei Seminar 4 Kata 2 - All participants			
12:00 – 1:30 pm	Lunch			
1:30 – 3:00 pm	Chubachi Koji Sensei Seminar 5 Kihon Kumite	Instructor 1 Seminar 5 Kihon Kumite	Instructor 2 Seminar 5 Kihon Kumite	Instructor 3 Seminar 5 Kihon Kumite
1:30 – 3:00 pm	Ueki Shuseki Shihan - Assistant T. Nishimura Sensei 4th Dan and 5th - Exams			
3:15 – 4:45 pm	Accreditation Written Examination			
6:30 pm	Buffet Dinner – All Seminar Participants & Family – Reservation Necessary			

DAY 3 – Sunday 27th September

9:15 – 10:15 am	Arrival at Venue - Group Photo-taking
10:30 – 12:00 noon	Ueki Shuseki Shihan, Shiina Mai Sensei Seminar 6 Comprehensive
12:15 – 12:30 noon	Announcement of Dan Grading/Accreditation Examination Results
12:30 – 12:45 pm	Closing Ceremony

Subject to change without notice



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Japan Karate Association (JKA) Australia Inc.

Waiver, Release and Indemnity

(This form must be signed and returned with Seminar/Competition registration forms)

TO: Japan Karate Association (JKA) Australia Inc. (ARBN 604 856 395) Incorporated in Victoria (liability of members limited by Associations Incorporations Reform Act 2012)

DEFINITIONS:

In this Waiver, Release and Indemnity I acknowledge and agree that:

- “I” or “Participant”** means the person applying to register for The Event referred to in the Seminar & Competition Registration Form, and if the Participant is under 18 years also means the Participant’s Parent where the context permits;
- “Venue”** means The Event venue and surrounds;
- “My”** means the Participant’s
- “JKAA”** means Japan Karate Association (JKA) Australia Inc. (ARBN 604 856395) and where the context permits includes JKAA Executive Committee Members, JKAA accredited instructors and JKAA appointed Officials and each of them participating and/or involved in The Event in any way
- “The Event”** means all or any part of the Seminar and/or Competition organised by JKAA to be held on 25, 26, 27 September 2015 at Rowville Senior Secondary Sports Centre, Humphreys St. Rowville, Victoria 3178 and any activities associated with or done as an adjunct to or before or during or after the Seminar and/or Competition (including any Dan examination and/or accreditation)

Waiver, Release and Indemnity

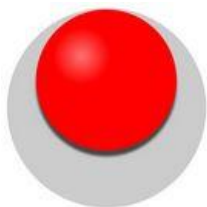
- I acknowledge the inherent risks of The Event and the possible consequences of serious injury and even fatality. Without limiting this acknowledgement I acknowledge that injury may result due to strenuous exercise or high velocity and high impact movement and that I may suffer harmful physical contact as a consequence of technique delivery, evasion or application of counter techniques.
- In consideration of, and as a condition of JKAA’s acceptance of my participation in The Event, I agree to participate in the Event entirely at my own risk. I agree that I am voluntarily participating in The Event and the use of the Venue and assume all risks of injury, illness or even death. I also acknowledge that I am responsible for any loss of or damage to my personal property arising from my participation in or attendance at The Event.
- If I suffer illness or injury at The Event, I authorise JKAA (at my expense) to call an ambulance and/or seek such other emergency medical treatment as JKAA believes appropriate.
- I (for myself, my heirs, executors and administrators) waive release and discharge JKAA from all claims or causes of action I may have (including for negligence) arising from any injury, loss or damage of any kind I may suffer including personal injury, illness or death and/or loss or damage to any property arising either directly or indirectly out of my attendance at or participation in The Event AND I indemnify JKAA against all costs, losses or damages arising from or in relation to My attendance at or participation in The Event.
- I acknowledge that any medical condition or injury referred to in the medical information form submitted with my seminar/competition registration forms shall not in any way limit this Waiver, Release and Indemnity. If any part of this Waiver, Release and Indemnity shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this Waiver Release and Indemnity shall remain in full force and effect.
- I acknowledge that I have carefully read and fully understand this Waiver, Release and Indemnity and I sign it voluntarily. I intend my signature to be a complete and unconditional release and indemnity in favour of JKAA to the greatest extent allowed by law.
-

Dated: Participant (sign here if Participant 18 years or older).....

If the Participant is under 18 years of age this Waiver, Release and Indemnity must be signed by the Participant’s Parent. I warrant and certify that I am the parent of the Participant and that he/she has my consent and is capable of participating in The Event. I confirm that I have read and understand the above Waiver, , Release and Indemnity, and that I agree, on behalf of the Participant to be bound by each of the above conditions and I sign this Waiver, , Release and Indemnity voluntarily.

Participant’s Parent (Participant’s Parent to sign here if Participant under 18 years)

Dated:



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Japan Karate Association (JKA) Australia Inc.

Rowville Senior Secondary Sports Centre
Humphreys St, Rowville, Victoria 3178

(This form must be completed, signed and returned with Seminar/Competition registration forms)

PARTICIPANT:

Sur Name		Given Name	Current Level – Kyu - Dan
Age	Male/Female	Kumite N/A	Kata N/A
Branch Greensborough		Team Kata N/A	If Participant under 18 years Participant's Parent's Name:

Medical Information/Clearance Form

(to be completed by Participant's Parent for and on behalf of Participant if Participant is under 18 years of age)

Do you currently or have you ever suffered from any of the following conditions?

<input type="checkbox"/>	Heart Disease	Doctor's Approval is Required for any medical condition ticked. This medical clearance form is to be completed, signed and stamped by your doctor giving approval for you to participate in the Japan Karate Association (JKA) Australia Inc. Seminar and Dan Grading/Accreditation Exams being held on 25, 26, 27 September, 2015 at the Rowville Senior Secondary Sports Centre, Rowville, Victoria.
<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Chronic Chest Condition/Asthma	
<input type="checkbox"/>	High/low Blood Pressure	
<input type="checkbox"/>	Any other medical condition that may prevent or affect your participation?	
<input type="checkbox"/>	Allergies	
<input type="checkbox"/>	None of the above.	

Participant's Full Name:	Participant's Signature:
<i>If Participant under 18 years:</i> Participant's Parent's name:	Participant's Parent's signature

Doctor's Approval

Participant's Full Name:	Date of Birth:
Medical Condition requiring clearance:	Doctor's Stamp:
Doctor's Name:	Doctor's 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 JKA Australia Inc. 25, 26, 27 September 2015 Seminar stated above.

Doctor's Signature _____ Date ____/____/____