

Jayamaha Enterprise Martial Art



AAITF Selections for 17th Senior ITF World Championships in 2011



Individual Competitor Registration Form

DATE Sat 4th December 2010
 TIME 8:15 Start
 VENUE St James College, 201 Boundary Rd, Brisbane QLD 4000
****All competitors must also complete a medical form & waiver**

****Complete all items below**

Note: Competitors must have their own sparring equipment. Groin guard and mouthguard are compulsory.

Name				Circle one	Male	Female	Staple 2 passport sized photos with name on the back
Address				Suburb/City			
State		P/Code		Country			
Phone				Mobile			Staple 2 passport sized photos with name on the back
Email							
Club				Instructor			
Australian Passport #				Expiry Date			
D.O.B.	/	/		Age	ys		
Weight	kg	Height	cm	Rank	gup/Degree	ITF Cert #	

Events (Please Tick)

Individual Sparring		Team Sparring		Registration Fees	Registration closes 19 th November 2010
Individual Patterns		Team Patterns		Selections only: AUD\$60.00	
Special Techniques		Power Breaking		Cheque/money orders payable to: Damian Jayamaha	
Self Defence	Male	Female		Registration closes 19th November 2010. \$25 late fee applies to all applications until 26th November 2010, no applications accepted after.	
Team Name				Mail entries to: Sabum Damian Jayamaha Tournament Director 51 Duyvestyn Tce Murrumba Downs Brisbane QLD 4503	
Spectator fee: \$5 (15year+) Family concession available *To be paid on entry to the venue				P: (07) 3886 0967	
Competitors entering team events require both team registration <u>AND</u> individual registration forms completed.				M: 0438 860 967	
Office use only				E: damianjayamaha@yahoo.com.au	
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>					

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Medical Form

Medical Information & Authorisation for emergency treatment & conditions of undertaking activity

Section ONE: Participant's Personal Details (Information held in confidence)

First Name	Last Name		
D.O.B. / /	Male	Female	
Address			
Suburb/City		Post Code	
Country		Home Phone	
Email			
Work Phone		Mobile	
Emergency Contact (name)		Relationship to you	
Home Phone		Work/Mobile	
Name of Family doctor		Work Phone	
Medicare Number		Other Health Care (Please Specify)	
Blood Group (If known)			

Section TWO: Participant's Medical History

Please indicate if you have suffered or suffer from any of the following conditions:

High Blood Pressure		Dizzy Spells or Blackouts		Migraines	
Low Blood Pressure		Sleepwalking		Travel Sickness	
Fits of any type		Asthma		Haemophilia	
Heart Conditions		Diabetes		Other	
Blood transmissible infectious disease		Known Allergies (List severity, reaction and treatment)			
If yes to any of above please specify:					
Are you able to receive blood transfusions?	Yes			No	
Which year did you have your last Tetanus immunisation or booster?					
Please specify Medication that you may be taking during the activity (Name and dose):					
Have you suffered any recent illness or injuries (If yes please provide details):					

Please use back of form if more space is required

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Section THREE: Conditions of Undertaking Activity

Release: The undersigned, in consideration of being permitted by Jayamaha Enterprise Martial Arts to compete in the competition DOES HEREBY irrevocably, personally and for his or her heirs, RELEASE Jayamaha Enterprise Martial Arts and Damian Jayamaha from all actions, suits, causes of action, claims and demands whatsoever which the undersigned now has or at any time hereafter may have or which but for the signing of this form might have had against Jayamaha Enterprise Martial Arts or Damian Jayamaha for loss of or damage to property or bodily injury or death, howsoever caused, including negligence, resulting from or arising out of or in any way connected with the trip.

Assumption of risk: The undersigned further states and affirms that he or she is aware that the activity, even under the safest conditions possible, may be hazardous; that he or she has received an activity program outlining planned activities and is aware of the potential risks; and that he or she assumes the risk of any and all loss of or damage to property and/or bodily injury or death, howsoever caused, including negligence, resulting from, arising out of or in any way connected with the trip, and that he or she has read and understands all the provisions herein contained.

Indemnity: The undersigned hereby agrees to indemnify and keep indemnified Jayamaha Enterprise Martial Arts and Damian Jayamaha, its members, representatives, officers, agents, and employees and each of them against any claim, suit, action or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by an act or omission of the undersigned (including criminal, reckless or negligent acts or omissions) whilst participating in or otherwise in connection with the trip.

Competitor Responsibility: The undersigned agrees as a representative of ITF to act in an appropriate manner as well as respecting and following all instructions from officials and relevant authorities.

Participant Authorisation for Emergency Treatment:

In the event of myself requiring medical attention (or my son/daughter if they are under 18 years of age), I understand that the person in charge of the activity will endeavor to communicate with me concerning the required action. If this is not possible, the person in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

Participant's signature	Date
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*Where the participant is under 18 years of age, his/her parent/guardian must complete the following acknowledgement:

I HEREBY STATE that I have read and understood the provisions of this form and I consent to the participant undertaking the activity/participating in the trip on the terms herein contained. I agree to indemnify and keep indemnified Jayamaha Enterprise Martial Arts and Damian Jayamaha, their members, representatives, officers, agents and employees against any claim suit or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the participant (including criminal, reckless or negligent acts or omissions) whilst undertaking the activity/participating in the trip*.

Parent/Guardian Name	
Parent/Guardian Signature:	Date

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PLEASE TICK THE DIVISION(S) RELEVANT TO YOU FOR SELECTION

Adult Male		Adult Female	
Up to 49 kg		Up to 44 kg	
50 to 56 kg		45 to 50 kg	
57 to 63 kg		51 to 56 kg	
64 to 70 kg		57 to 62 kg	
71 to 77 kg		63 to 68 kg	
78 to 84 kg		69 to 74 kg	
85 kg and over		75 kg and over	
Male Individual Pattern		Female Individual Pattern	
1st Degree		1st Degree	
2nd Degree		2nd Degree	
3rd Degree		3rd Degree	
4th Degree		4th Degree	
Male Individual		Female Individual	
Special Technique		Special Technique	
Power Breaking		Power Breaking	
Male Team		Female Team	
Sparring		Sparring	
Patterns		Patterns	
Special Technique		Special Technique	
Power Breaking		Power Breaking	
Self Defence Routine		Self Defence Routine	

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****Please note: Competitors entering team events, are required to complete a team registration and individual registration form**

Male & Female Team Registration Form

1. Each team must have five (5) members
2. Each team member must also complete an INDIVIDUAL COMPETITOR REGISTRATION form and a MEDICAL form

MALE Team Event	Club Name	FEMALE Team Event	Club Name
Please circle:		Please circle:	
Pattern		Free Sparring	
Both		Both	
Team Name:		Team Name:	
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4		4	
5		5	
Please circle:		Please circle:	
Pattern		Free Sparring	
Both		Both	
Team Name:		Team Name:	
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4		4	
5		5	
Please circle:		Please circle:	
Pattern		Free Sparring	
Both		Both	
Team Name:		Team Name:	
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4		4	
5		5	

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Male/Female Self Defence Registration Form

MALE		FEMALE	
1. Each team must have four (4) members- one male Vs three males		1. Each team must have three (3) members- one female Vs two males	
2. Each team member must also complete an Individual Competitor Registration form and a Medical Form		2. Each team member must also complete an Individual Competitor Registration form and a Medical Form	
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4			
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4			
Competitor Name		Competitor Name	
1		1	
2		2	
3		3	
4			

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Coaches and officials List

Club:

Coaches: Coaches must complete the Coach Registration Form

	Last Name	First Name
1		
2		
3		

Umpires for Officiating:

#	Name	Level of Experience	Rank	Competing
1				Yes / No
2				Yes / No
3				Yes / No
4				Yes / No
5				Yes / No
6				Yes / No
7				Yes / No
8				Yes / No
9				Yes / No
10				Yes / No
11				Yes / No
12				Yes / No
13				Yes / No
14				Yes / No
15				Yes / No

Details Authorised/Verified by:

Name:

Club Position:

Signature:

Date:

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COACH REGISTRATION FORM

COACH 1

(Please Print Clearly, complete all details)

Name		Circle one	Male	Female	Staple 2 passport sized photos with name on the back
Address		Suburb/City			
State	P/Code		Country		
Phone		Mobile			Staple 2 passport sized photos with name on the back
Email					
Club		Instructor			
D.O.B.	/	/	Age	yrs	
Rank	gup/Degree				

Coach 2

(Please Print Clearly, complete all details)

Name		Circle one	Male	Female	Staple 2 passport sized photos with name on the back
Address		Suburb/City			
State	P/Code		Country		
Phone		Mobile			Staple 2 passport sized photos with name on the back
Email					
Club		Instructor			
D.O.B.	/	/	Age	yrs	
Rank	gup/Degree				

Details Authorised/Verified by:

Name:

Club Position:

Signature:

Date: