

Jayamaha Enterprise Martial Art



AAITF Australian National Championship 2010

Individual Competitor Registration Form

DATE Sat 4th & Sun 5th 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			
D.O.B.	/	/	Age	yrs		
Weight	kg	Height	cm	Rank	gup/Degree	

Events (Please Tick)

Individual Sparring		Team Sparring		Registration Fees	Registration closes 19 th November 2010
Individual Patterns		Team Patterns		Individual Events (one or all)	AUD \$60.00
Special Techniques		Power Breaking		Team Events (Per event&team)	AUD \$50.00
Self Defence	Male		Female	Cheque/money orders payable to: Damian Jayamaha	
Team Name				Registration closes 19th November 2010. \$25 late fee applies to all applications until 26th November 2010, no applications accepted after.	
*Special Technique: Jumping Front & Jumping side kick combined *Spectator fee: \$5 (15year+) Family concession available. ** To be paid on entry to the venue					
Competitors entering team events require both team registration <u>AND</u> individual registration forms completed.					
Office use only				Mail entries to: Sabum Damian Jayamaha Tournament Director 51 Duyvestyn Tce Murrumba Downs Brisbane QLD 4503 P: (07) 3886 0967 M: 0438 860 967 E: damianjayamaha@yahoo.com.au	

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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 <input type="checkbox"/> Female <input type="checkbox"/>
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	<input type="checkbox"/>	Dizzy Spells or Blackouts	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>
Fits of any type	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other	<input type="checkbox"/>
Blood transmissible infectious disease		<input type="checkbox"/>		Known Allergies (List severity, reaction and treatment)	
If yes to any of above please specify:					
Are you able to receive blood transfusions?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
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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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:				Pattern		Free Sparring		Both	
Team Name:				Team Name:					
Competitor Name				Competitor Name					
1				1					
2				2					
3				3					
4				4					
5				5					
Please circle:				Pattern		Free Sparring		Both	
Team Name:				Team Name:					
Competitor Name				Competitor Name					
1				1					
2				2					
3				3					
4				4					
5				5					
Please circle:				Pattern		Free Sparring		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: