



HODGKISS MEMORIAL TOURNAMENT

In Honor of Sensei William J. Hodgkiss

EACH EVENT REQUIRES A SEPARATE ENTRY FORM – PLEASE CHECK ONE:

INDIVIDUAL KATA	TEAM KATA	KUMITE
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Club Name	Instructor Name
Belt Color	Kyu Rank

Participant Name	Age	Weight	Height
Address			
City	State	Zip Code	
Home Phone Number	Email Address		

There will be a \$25 Entry Fee for the Tournament – 1, 2, or all 3 Events, All Just \$25!

PLEASE MAKE YOUR CHECKS PAYABLE TO THE SKA BOOSTERS ASSN. CORP.

I, the undersigned do hereby volunteer my application for the attendance and participation in The Hodgkiss Memorial Tournament, and do hereby assume full responsibility for all injuries, damages or losses that I or my child may sustain or incur, if any, while attending/participating. The undersigned agrees to defend, indemnify, and hold harmless The Shotokan Karate Association and Lower Bucks Family YMCA and its officers, managers, members, employees, agents and coaches/instructors and their successors and assigns from and against all legal liability, claims, suits, damages, losses, and expenses, including attorney fees, threatened or incurred, and arising from participation, or from any cause whatsoever. I fully realize that participation in the Hodgkiss Memorial Tournament can be dangerous and could result in serious injury or possibly death and freely assume that risk. In the event of an emergency, I give permission for the Shotokan Karate Association and Lower Bucks Family YMCA to give myself or my child first aid and to arrange for transportation to a hospital and to receive emergency medical treatment. I will assume all costs for medical care and transportation. **Please list below any current or previous accidents, illnesses, or physical limitations that could impact, stop, or prevent you or your child from participating in the tournament.** Your signature below affirms that the named participant is physically able to participate in the Shotokan Karate Association and Lower Bucks Family YMCA tournament without limitations (except as described in writing below):

By attending and/or participating in the tournament you acknowledge and agree to grant us, including our partners and affiliates, all rights to record, film, photograph, or capture your likeness in any media now available or hereafter developed and to distribute, broadcast, use, or otherwise globally to disseminate, in perpetuity, such media without any further approval from you or any payment to you. This grant includes, but is not limited to, the right to edit such media, the right to use the media alone or together with other information, and the right to allow others to use or disseminate the media.

Participant or Parent/Guardian Signature	Date
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PLEASE DO NOT WRITE BELOW – FOR SCOREKEEPER USE ONLY

EVENT	JUDGE 1	JUDGE 2	JUDGE 3	JUDGE 4	JUDGE 5	TOTAL (Drop High & Low)	PLACE (Circle One)
KATA or TEAM KATA							GOLD SILVER BRONZE 1 BRONZE 2

EVENT	“32” BRACKET	“16” BRACKET	“8” BRACKET	FINAL FOUR	BRONZE MATCH	GOLD MATCH	PLACE (Circle One)
KUMITE							GOLD SILVER BRONZE 1 BRONZE 2