



Miami Open Karate Do Tournament

USA Karate National Qualifier



SATURDAY, March 15, 2014

Hialeah Gardens Senior High School

11700 Hialeah Gardens Blvd, Hialeah Florida 33018

Tournament Promoter: Karate Do Alliance Promoter

Phone: 305 819 3389 Cell: 786 208 3849

Email: karatedoallianceleague@gmail.com

Tournament Referee: Karate-Do Alliance

Coordinators: Karate-Do Alliance

ENTRY FEES: Competitors: \$75.00 two event, Kobudo Competition is \$10.00 Additional
Spectators: \$10.00 (Pay at door Age 6 and under free)

AWARDS: Trophies 1st, 2nd, and double 3rd.

Regular: **Kumite** (All Divisions), **Kata** (All Divisions), **Kobudo** (Advance Divisions Only).

(Beginners and Novice: Pinan and Heian; Intermediate and Advance: Any Advance Kata)

REGISTRATION: This is a **pre-registration** event.

Wednesday 12/2014 must receive applications.

There is a \$10.00 late fee after this date.

Please register and create your own account to. <http://www.karatedoalliance.com>

SCHEDULE:

Saturday 02-15-2014

8.00 a.m.

Athletes must confirm registration at door before entering.

8.00 a.m.

Referee/Coach/Volunteer Check-In

8.30 a.m.

Officials Meeting

9:00 a.m.

Athlete Meeting

9:30 a.m.

Tournament Starts



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Individual Application

Name: * _____ USAKarate #: _____

Phone:(____) _____ - _____

Address: _____ City: _____ Zip: _____

Club Affiliation: * _____ Instructors Name: * _____

Style: * _____ E-mail: * _____

D.O.B: * __/__/__ Age: * _____ Height: __' __" Weight: * _____Kg. * Male * Female
 (Mo/Day/Yr.) (As of 03-01-14)

Karate Do Experience Check one below:

* **Beginner** * **Novice** * **Intermediate** * **Advance** * **Challenged Open Division**
 (Less than 1 year) (1-2 years) (2-3 years) (4 years plus) (Special Needs)

I will compete in the following Categories

Check one below:

Kata * **Kumite** * **Kobudo** (Only Advance division) *

No Kata restrictions.

Medical Information:

Check one below:

I have no medical problems I have medical problems, but I am able to compete.

If medical problem exist must attaché Doctor's note

WAIVER

I hereby for myself, my executors, my heirs, forever and always agree to save and hold harmless the Miami Open Tournament and all of their officers, the tournament site and workers, all referees, judges, volunteers, and anyone else for any liability or injury I may sustain by the way of my traveling to or from, participating in, or other direct or indirect involvement on said Karate event I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with said event. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films, or videotapes of myself.

Signature: _____ Parent/Guardian: _____

Entry Fees: \$75.00 for Two Events + \$10.00 Additional Event.

Please print, fill out and send applications and all fees (check or money order) payable to:
 "Karate Do Alliance".

Send all applications to: **Karate-Do Alliance**
 1592 West 37 Street
 Hialeah Florida 33012