



# USA-NKF Sanction COACH Seminar

TEST FOR AND RAISE YOUR USA-NKF LICENCE

BY THE BEST INSTRUCTORS THE WORLD OF KARATE DO HAS TO OFFER.

Sensei: **TOKEY HILL.**

## A. "ELITE COMPETITION KUMITE TACTICS & TRAINING"

With Mr. **TOKEY HILL** (USANK National Team Head Coach)



Renown for his remarkable work as the USANKF National Team Head Coach for many years, Mr. Tokey Hill has led many USA National Team athletes to success and podiums on the international and world stage. Himself a decorated athlete (Mr. Hill was the first American to win a WKF World Championship, in 1980, and he has won two gold medals at Pan American games, amongst many other great exploits) before transitioning to coaching, Mr. Hill holds thorough and in-depth knowledge and expertise of the international sport karate scene from every perspective. Karate Canada is delighted that Mr. Hill has agreed to come and share this wealth of knowledge with our provincial, national and international level kumite athletes.

You will not want to miss this rare opportunity to train under one of the world's foremost karate coaches, who is also known for his dynamic and engaging style and personality. (Registered coaches are welcome to observe the sessions)

\*All who are or are wishing to become official referees must be registered members of the USA-NKF.

- Pre-Registration:** Received February 12, 2014
- Coach Seminar Fee:** Official Certification Both days \$70.00 There will be NO REFUNDS
- Students & Competitors Fee:** \$25.00  
(NO certification)  
(Recommended for intermediate/advanced students)
- Seminar Date and Schedule:** Sunday March /16 /2014 (11:30am Start Time)
- Seminar Location:** **Dojo Karate Champions Academy**  
**15919 Biscayne Blvd. North Miami Beach Florida 33160**
- USA-NKF MEMBERSHIP for Official and Coach** \$75.00 Please do it online before the competition  
<http://www.usankf.org>
- Coach Passport Holders** Please bring your Coach Passport.
- NO passport Holders** Please bring 1 (one) passport photo and \$15 in order to buy your Referee passport.
- Coach Attire:** ONLY White Karate Gi (Kumite sessions)
- Students & Competitors Attire:** Must wear a white, clean Karate Gi. No rolled cuffs.
- Make Seminar Payments to:** Karate-Do Alliance
- For more information contact:** Sensei Jesus Costa: phone: (786) 208-3849 or  
E-mail: karatedoallianceleague@gmail.com



YOUR PHOTO

# 2014 COACH SEMINAR

## STUDENT – COMPETITOR COACH COURSE ENTRY FORM

**SUNDAY March 16 / 2014**  
**Location: Dojo Karate Champions Academy**  
**15919 Biscayne Blvd. North Miami Beach Florida 33160**

2012 USA-NKF Membership #: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
USANKF KARATE GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### KARATE GRADING HISTORY

| RANK     | MONTH/YEAR | STYLE/ PLACE | AUTHORITY |
|----------|------------|--------------|-----------|
| 1st. Dan | _____      | _____        | _____     |
| 2nd. Dan | _____      | _____        | _____     |
| 3rd. Dan | _____      | _____        | _____     |
| 4th. Dan | _____      | _____        | _____     |
| 5th. Dan | _____      | _____        | _____     |
| 6th. Dan | _____      | _____        | _____     |
| 7th. Dan | _____      | _____        | _____     |

USA-NKF COACH QUALIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

RED WKF PASSPORT: Place of Issue: \_\_\_\_\_ Date: \_\_\_\_\_

### DATE LOCATION INSTRUCTOR QUALIFICATION ACHIEVED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL CERTIFICATION

\*I hereby certify that the above facts are true and accurate and that I fully understand that any certification of recognition given to me may be withdrawn in the event of misrepresentation or fraud.

Personal Signature: \_\_\_\_\_ . Date: \_\_\_\_\_

Signature President of Confederation: \_\_\_\_\_ . Date: \_\_\_\_\_

(DO NOT WRITE IN THIS BOX - FOR OFFICIAL USE ONLY)

Written Exam: \_\_\_\_\_

Examiner's Comments (if any): \_\_\_\_\_

Passed As: \_\_\_\_\_



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**SUNDAY March 16 / 2014**

**Location: Dojo Karate Champions Academy  
15919 Biscayne Blvd. North Miami Beach Florida 33160**

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **KARATE GRADE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

### PARTICIPANT RELEASE/WAIVER

1. Prior to participating, competitor, or (if under 18) Parent or Guardian, will inspect the facilities and equipment to be used and if the participant and/or participant parent or Guardian, believes anything is unsafe, they will immediately advise the event personnel of such conditions) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury, Further, that there may be other risks not known to anyone or not reasonably foreseeable at this time. Participant assumes all risks and accepts personal responsibility for any damages following such injury.
3. Participant/parent releases, waives, discharges and covenants not to sue the, Dojo Karate Champions Academy employees and agents, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event ("releases), from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
4. All entries are final. No refunds.
5. I fully understand that any medical treatment given will be of first aid treatment type only and I consent to such treatment to be given. I consent that any pictures furnished by me or any pictures taken of me in connection with the event can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto. All participation in this event is by permission only. The directors or their authorized agent(s) reserve the right to refuse entry to any person, school, team or club.
6. Statement of Health: By my and/or my Parent/Guardian's signature below I confirm that I am in sound health, I am responsible for my own medical coverage, and there is no reason why I cannot participate in this event.  
The undersigned has read the above waiver and release and understands that he/she has given up substantial rights by signing it and signs it freely and voluntarily.

Participant/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dojo/Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**CONTACT:** Sensei Jesus Costa:

E-mail: [karatedoallianceleague@gmail.com](mailto:karatedoallianceleague@gmail.com)

**COACH SEMINAR CERTIFYING Fee: \$70.00**

**COACH SEMINAR (NON-CERTIFYING) Fee: \$25.00**

**Amount of payment enclosed: \$ \_\_\_\_\_ CHECKS TO: "Karate-Do Alliance"**