

2004 Knockdown US Capital Sabaki Challenge

SATURDAY JANUARY 31, 2004

Single elimination men's pyramid tournament in 3 weight divisions.

Open to all styles for fighters 19 years of age or older.

Women's division consisting of no weight classes.

Approximate men's divisions: Lightweight 125-154 lbs, Middleweight: 155-179 lbs, Heavyweight: 180-235 lbs.

Subject to change after all applications are in.

Each full-contact division will field only 8 fighters. In the case that more than 8 fighters apply for a particular division, the Tournament Director will select eight men or women for the tournament. There may be a slight adjustment in the weight allowances to accommodate the twenty-four fighters selected in the Men's Division.

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- In order to be considered, applicant must fill in, sign and return the following items to the US CAPITAL SABAKI CHALLENGE no later than January 16, 2004.**
No application received after the deadline will be considered.
 - ✓ Fighter Application and Questionnaire
 - ✓ Medical Certificate
 - ✓ Proof of current medical insurance
 - ✓ \$50 Registration Fee (Applicants outside the U.S, send Int'l Money Order).
\$45 Early Registration fee will be accepted if a complete application is received by January 10, 2004
 - ✓ 1½" x 2" recent photograph (fighting stance, in a gi, from chest up)
 - Selection of fighters will be at the sole discretion of the Tournament Director. Those applicants not selected will be refunded their registration fee.**
 - Any fighter who has never competed in the SABAKI CHALLENGE or any other full-contact knockdown tournament must send a personal statement with fighter qualifications. It is preferred that this statement is accompanied by a short videotape of an applicant in action; showing bag training, sparring, etc.**
 - There will be a mandatory meeting for all fighters on Saturday morning, January 31st. In order to avoid a forfeit, ALL FIGHTERS must check in at the below-referenced address on the morning of the Tournament, Saturday January 31st, no later than 10:00 a.m.**

Return application to: US CAPITAL SABAKI CHALLENGE
2190-J Pimmit Dr.
Falls Church, VA 22043
TEL: 703-731-3663
FAX: 702-924-6573

PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION

1. **The Application deadline for the 2004 US CAPITAL SABAKI CHALLENGE is Friday, January 16, 2004. Applications that are not received in their entirety by that date will not be considered. Do not request an extension of the deadline to complete your application. We appreciate your promptness!**
2. **Please be sure to familiarize yourself with the tournament rules and structure carefully, since as a fighter you are bound by their specifics.**

2004 Knockdown US Capital Sabaki Challenge

SATURDAY JANUARY 31, 2004

**Richard J. Ernst Community Cultural Center
Northern Virginia Community College
8333 Little River Turnpike
Annandale, VA 22003**

**Children's divisions begin at 4:00 p.m.*
Full-Contact Division Preliminaries & MAIN EVENT 7:00 p.m.***

* Schedule is subject to change at the discretion of the Tournament Director

FULL-CONTACT FIGHTER APPLICATION CHECKLIST

In order to be considered for the 2004 US CAPITAL SABAKI CHALLENGE, all of the following items must be received by the Tournament Director no later than Friday, January 16th. NO EXCEPTIONS!

- [] Fighter Application completely filled out and signed by applicant and a witness.
- [] Fighter Questionnaire completely filled out.
- [] Medical Certificate, Part I completed and signed by applicant, and Part II completed and signed following physical examination by physician.
- [] Proof of current medical insurance. Photocopy of Insurance card is sufficient.
- [] Registration Fee. Applicants from outside the U.S. must send International Money Order.
- [] 1½" x 2" recent photograph, in fighting stance in a uniform, from the chest up.
- [] A personal statement, preferably accompanied with 3-5 minute videotape of sparring or other full-contact action, for applicants without prior full-contact competition experience.

TRAVEL AND HOTEL INFORMATION:

Comfort Inn University Center
11180 Main St.
Fairfax, VA 22030
Sandra Puebla, Sales Manager 703-591-5900
E-mail: sandra.cp@verizon.net
Fax: 703-273-7915

The weigh-in and mandatory meeting for all participants in the 2003 SABAKI CHALLENGE will be held at the following location at 10:00 AM on Saturday, January 31st:

US CAPITAL SABAKI CHALLENGE
Enshin Karate of Northern Virginia
2190-J Pimmit Dr.
Falls Church, VA 22043
TEL: 703-731-3663

2004 Knockdown US Capital Sabaki Challenge Full-Contact Fighter Application

App ____ Quest ____ Med ____ Ins ____ Fee ____ Photo ____ Statement/Video ____

NAME _____ DATE OF BIRTH _____ SEX _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

HOME PHONE _____ WORK PHONE _____ FAX _____

AGE _____ HEIGHT _____ PRESENT WEIGHT _____ FIGHTING WEIGHT _____ WEIGHT DIVISION _____

STYLE NAME _____ NAME OF INSTRUCTOR _____ RANK _____

* * *

LIABILITY WAIVER

I understand that 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament ("Tournament") fighting is a hazardous sport that could result in one or more of the following injuries: fractures or dislocations; head injuries resulting in loss of consciousness, paralysis, loss of intellectual function or even death; dental injuries; back, neck, or spinal cord injuries resulting in paralysis or permanent weakness; other injuries--both major and minor--temporary and permanent; loss of life.

In consideration of being permitted to compete in the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament, I do hereby, for myself, my heirs, executors and administrators, representatives and assigns, waive, release and forever discharge any and all rights and claims, whether in contract, negligence, or any other legal claim, for damages which I may have or which may hereafter arise against the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament Director and Tournament Staff, Enshin Karate, Inc., Enshin Karate of Northern Virginia, and of their officers, directors, agents, representatives, successors and assigns. This waiver applies to any and all injuries and consequent damages of all kinds which may be sustained and suffered by me in connection with my association with or participation in the Tournament or which may arise out of my traveling to and returning from the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament. Additionally, I hereby waive any claims, whether in contract, negligence, or any other legal claim, against any and all persons which may arise in connection with my participation in or association with the Tournament, including but not limited to other fighters, first aid or medical personnel, tournament staff members, and other individuals associated with my participation in the Tournament. I assume full and complete responsibility for all of my actions in connection with the Tournament.

I further agree that any photographs, filmed or videotaped materials taken of or by me in connection with the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament can be used by Enshin Karate, Inc., Enshin Karate of Northern Virginia, and the Tournament Director for publicity or promotion without compensation at this time or any other time.

I hereby certify that I am at least 21 years of age or older.

Signature of Applicant Date

Signature of Witness Date

2004 Knockdown US Capital Sabaki Challenge Semi-Contact Fighter Application

NAME: _____ RANK: _____ SEX: _____
 HOME ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
 DATE OF BIRTH: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____
 STYLE: _____ INSTRUCTOR: _____
 DOJO LOCATION: _____ DOJO PHONE: _____

All fighters must provide their own shin guards with instep protectors, knuckle protectors, headgear, mouthpiece, and groin cup. No competitor will be allowed to compete without his or her protective gear. Because grabbing is allowed in the Sabaki Tournament format, open fingered hand protectors are required.

Semi-Contact REGISTRATION FEE (must be received on or before January 16, 2004): \$25

*Please mail the completed application with the appropriate fee to:
 Enshin Karate of Northern Virginia, 2190-J Pimmit Dr., Falls Church, VA 22043.
 Make checks payable to Enshin Karate of Northern Virginia. Your entry fee pays your admission. **NO REFUNDS.**
 For more information, please call 703-731-3663.*

LIABILITY WAIVER

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament at the Richard J. Ernst Community Cultural Center, January 31, 2004. I understand that 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament ("Tournament") fighting is a hazardous sport that could result in one or more of the following injuries: fractures or dislocations; head injuries resulting in loss of consciousness, paralysis, loss of intellectual function or even death; dental injuries; back, neck, or spinal cord injuries resulting in paralysis or permanent weakness; other injuries--both major and minor--temporary and permanent; loss of life. In consideration of being permitted to compete in the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament, I do hereby, for myself, my heirs, executors and administrators, representatives and assigns, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter arise against the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament Director and Tournament Staff, Enshin Karate, Inc., Enshin Karate of Northern Virginia, their officers, directors, agents, representatives, successors and assigns. This waiver applies to any and all injuries and consequent damages of all kinds which may be sustained and suffered by me in connection with my association with or participation in the Tournament or which may arise out of my traveling to and returning from the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE Tournament. Additionally, I hereby waive any claims against any and all persons which may arise in connection with my participation in or association with the Tournament, including but not limited to other fighters, first aid or medical personnel, tournament staff members, and other individuals associated with my participation in the Tournament. I assume full and complete responsibility for all of my actions in connection with the Tournament. I further agree that any photographs, filmed or videotaped materials taken of or by me in connection with the 2004 KNOCKDOWN US CAPITAL SABAKI CHALLENGE can be used by Enshin Karate, Inc., Enshin Karate of Northern Virginia, and the Tournament Director for publicity or promotion without compensation at this time or any other time.

Applicant's Printed Name	Applicant's Signature & Date	Parent's or Guardian's Printed Name	Signature of Parent or Guardian & Date
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Divisions (Please place an "X" in the division you are entering):

- ____ (D1) Children 4-6 (White-Green), (9th Kyu - 3rd Kyu)
- ____ (D2) Children 6-9 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D3) Children 10-13 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D4) Juniors 14-17 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D5) Children 6-9 Advanced (Blue-Brown) (5th Kyu - 1st Kyu)
- ____ (D6) Children 10-13 Advanced (Blue-Brown) (5th Kyu - 1st Kyu)
- ____ (D7) Juniors 14-17 Advanced (Blue-Brown), (5th Kyu - 1st Kyu)

Boys

- ____ (D1A) Children 4-6 (White-Green), (9th Kyu - 3rd Kyu)
- ____ (D2A) Children 6-9 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D3A) Children 10-13 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D4A) Juniors 14-17 Beginner (White-Yellow), (9th Kyu - 6th Kyu)
- ____ (D5A) Children 6-9 Advanced (Blue-Brown), (5th Kyu - 1st Kyu)
- ____ (D6A) Children 10-13 Advanced (Blue-Brown), (5th Kyu - 1st Kyu)
- ____ (D7A) Juniors 14-17 Advanced (Blue-Brown), (5th Kyu - 1st Kyu)

Girls

IMPORTANT NOTICE:

- Head Gear, Hand Pads, and Shin-Instep protectors must be worn in the Semi Contact Divisions
- Chest Guards are Mandatory for Divisions D1, D1A, D2, and D2A and optional for all other divisions

***2004 Knockdown US Capital Sabaki Challenge
Full-Contact Fighter Biography Questionnaire***

Name: _____ Weight: _____ Division: _____

Style: _____ Rank: _____ Instructor: _____

Age: _____ Height: _____ Weight: _____ Married: _____ Children: _____

Occupation: _____

Hobbies: _____

City, State & Country of Residence: _____

City, State & Country of Birth: _____

Training experience: _____

Fighting and tournament experience: _____

What are your favorite fighting techniques?: _____

What motivated you to begin training in the Martial Arts?: _____

What are your goals for the future?: _____

Brief statement or comment on entering the 2003 SABAKI CHALLENGE: _____

2004 Knockdown US Capital Sabaki Challenge

Medical Certification - Part I

Last Name _____ First Name _____ M. I. _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____ Date of Birth _____ Age _____
 Emergency Contact _____ Relationship _____ Phone _____

PART I: ATHLETE - PLEASE CIRCLE THE CORRECT ANSWER. ANSWER ALL QUESTIONS. ALL INFORMATION IS CONFIDENTIAL

- YES NO 1. Are you allergic to any medication (i.e. aspirin, sulfa, penicillin, etc.)? If so, please indicate what medication: _____

- YES NO 2. Are you currently taking any medication? If so, list: _____
- YES NO 3. Have you ever experienced an epileptic seizure, or been informed that you might have epilepsy?
- YES NO 4. Do you have diabetes mellitus?
- YES NO 5. Have you ever been told you have a heart murmur?
- YES NO 6. Do you have asthma?
- YES NO 7. Do you presently have an unrepaired hernia?
- YES NO 8. Have you ever been "knocked out" or experienced a concussion during the past three years? If yes, give dates: _____

- YES NO 9. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or vertebral discs?
- YES NO 10. Do you wear eye glasses or contact lenses during athletic participation?
- YES NO 11. Do you wear any dental appliance? If yes, circle the appropriate appliance: Permanent Bridge --Permanent Crown or Jacket --
 Removable Partial Plate --Full Plate --Braces.
- YES NO 12. Have you had a fracture during the past two years? If so, indicate site of fracture, and date: _____

- YES NO 13. Have you had a shoulder dislocation, separation, or other shoulder injury during the past two years?
- YES NO 14. Have you ever been advised to have surgery to correct a shoulder condition?
- YES NO 15. Have you ever had an injury to your back?
- YES NO 16. Do you experience pain in the back? If yes, indicate frequency: Seldom --Occasionally --Frequently -- With vigorous exercise? --
 With heavy lifting? Explain: _____
- YES NO 17. Have you experienced a sprain of either knee during the past two years with severe swelling accompanying the injury?
- YES NO 18. Have you ever been told you injured the ligaments and/or cartilage of either knee?
- YES NO 19. Have you ever been advised to have surgery to correct a knee problem?
- YES NO 20. If answer to Question #19 is yes, has the surgery been completed? Please give the date: _____
- YES NO 21. Have you experienced a severe sprain of either ankle during the past two years?
- YES NO 22. Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site
 and date of surgery: _____
- YES NO 23. Have you been hospitalized during the last three years? If yes, give date and reason for hospitalization: _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE ON THE OTHER SIDE AND/OR ATTACH AN ADDITIONAL SHEET, IF NECESSARY, TO EXPLAIN THE DETAILS FOR THESE "YES" ANSWERS.

THE QUESTIONS ON BOTH SIDES OF THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

 Signature of Athlete Date

2004 Knockdown US Capital Sabaki Challenge Medical Certification - Part II

PART II:

PHYSICIAN'S PHYSICAL EXAMINATION and CERTIFICATION

General: _____
 Ht: _____ Wt: _____ BP: _____ P: _____ HCT/HGB: _____
 UA: S.G. _____ Sug. _____ Alb. _____ Acet. _____

CHECK EACH ITEM IN APPROPRIATE COLUMN

Normal
(N/E if not examined)

Abnormal (Describe)

	Head/ears/nose Eyes
	Neck, Thorax Heart Lungs
	Abdomen
	Genito-urinary
	Anus/rectum
	Extremities
	Neurological
	Psychiatric

Notes: _____

I certify that I have on this date examined this athlete and find him physically able to compete in the SABAKI CHALLENGE karate tournament.

Physician's Name	Physician's Signature	Date
Address: Street	City	State Zip Phone