



NEW ZEALAND KUNG-FU WUSHU FEDERATION (Inc)

紐西蘭功夫武术联盟

Associate Member of the New Zealand Olympic Committee
National Sport Organisation for Kung-Fu Wushu in NZ
Official Representative to the International & Oceania Wushu Federations



National Sanda Championships - REGISTRATION

Saturday 17 November 2018 (Event Starts 1.00PM)

Auckland Netball Centre, 7 Allison Ferguson Drive, St Johns, Auckland

NAME: _____ MALE [] FEMALE []

ADDRESS: _____

PHONE: _____ MOBILE: _____ EMAIL: _____

CLUB/STYLE NAME: _____ INSTRUCTOR: _____

YEARS TRAINING: _____ DATE OF BIRTH: _____ AGE: _____

WEIGHT: < Means 'Under' so <65kg = 60kg to 64.9kg

The weight you enter below is the weight you will be expected to weigh-in on the day of the competition.

ADULT: 18-40 YEARS	Enter <kg [X] for your weight
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MALE: <48kg []; <52kg []; <56kg []; <60kg []; <65kg []; <70kg []; <75kg []; <80kg []
<85kg []; <90kg []; >90kg []

FEMALE: <48kg []; <52kg []; <56kg []; <60kg []; <65kg []; <70kg []; <75kg []

JUNIOR: 15-17 YEARS	Enter <kg [X] for your weight
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MALE: <48kg []; <52kg []; <56kg []; <60kg []; <65kg []; <70kg []; <75kg []; <80kg []

FEMALE: <48kg []; <52kg []; <56kg []; <60kg []

FIGHTING LEVEL:

- **NOVICE/INTERMEDIATE** 5 or fewer full contact fights
- **ADVANCED** 6 or more full contact fights

FIGHTING EXPERIENCE: [Include all full or semi-contact fights below - not just Sanda]

Number of Fights _____ Wins _____ Losses _____ Draws _____

MEDICAL CONDITIONS:

Please provide details of any medical conditions / medication / treatment that officials need to be aware of:

DOCTOR'S NAME, ADDRESS AND PHONE NUMBER:

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone No: _____

- **Early-Bird Registration Deadline: WED 31 OCT 2018 / Final Registration Deadline: WED 7 NOV 2018**
- **Return By PDF** To: sanda.reg@wushu.org (preferred method), or
- **Return By Post** To: NZKWF PO Box 24456 Manners Street, Wellington 6142



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**National Kung-Fu Wushu Championships - DISCLAIMER
Complete for all SANDA Registrations**

**Saturday 17th November 2018
Auckland Netball Centre, 7 Allison Ferguson Drive, St Johns, Auckland**

I _____ the undersigned,

Status: _____
[Athlete, Coach, Team Leader, Team Manager, Physio, Doctor] - circle or underline

I knowingly and without duress, do voluntarily submit my Entry to the 2018 National Kung-Fu Wushu Championships. In consideration of the New Zealand Kung Fu Wushu Federation accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from, or in connection with, my participation in the 2018 National Kung-Fu Wushu Championships.

The 2018 National Kung-Fu Wushu Championships is hosted by the New Zealand Kung Fu Wushu Federation, collectively refer as 'Organizing Committee'. Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release the 'Organizing Committee', its officers, agents, representatives, volunteers, and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever, that I may sustain as a result of or in connection with my participation in the 2018 National Kung-Fu Wushu Championships.

I fully understand that all medical attention or treatment afforded to me by the 'Organizing Committee' its officers, representatives, volunteers, and all other related members will be of the first-aid kind only, and hereby release the 'Organizing Committee' its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain medical coverage.

I agree to abide by and follow the Rules established by the 'Organizing Committee', and I understand that any protest I or my representatives chose to make must be conducted in accordance with the rules of Arbitration.

I agree that my performance, attendance, and participation at the 2018 National Kung-Fu Wushu Championships may be filmed or otherwise recorded or released or telecast live. I consent to the 'Organizing Committee' using my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised, and I do hereby waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above.

Signature of Participant

Signature of Parent/Guardian

Date

[Signature of Parent or Legal Guardian is required if participant is under 18 years of age]

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