

# One Match 2023

## Ballarat: Saturday October 14

VENUE TO BE CONFIRMED

Please provide the following details:

Name:		DOB:	
Male Female?		-	
Rank:		Years Training:	
Mobile:		Email:	
Weight: <i>Honestly!</i>		Height:	

Dojo:		Instructor Name:	
Instructor Mobile:		Instructor Email:	

Please provide tournament and one match history:

Year	Tournament	Result

*It is important that the details provided are as accurate as possible!*

Notes:

1. Every endeavor will be made to provide a suitable match-up. There is no guarantee of a match-up!
2. One Match rules see website, [www.shihancho.com/tournament-rules](http://www.shihancho.com/tournament-rules).
3. The one match is open to over 18 years full contact, 16&17 years Colts, 14&15 years padded full contact.
4. Full contact fighters are required to undertake a medical examination and complete waiver. See page 2&3 for details.
5. Tournament director is, Shihancho Gary Viccars, E: [gviccars46@tpg.com.au](mailto:gviccars46@tpg.com.au) .

## Full Contact Karate Medical Form

I Doctor: \_\_\_\_\_

I have taken a medical history and examined (Name) \_\_\_\_\_ at his/her request, in order to assess his/her fitness to compete in full contact Karate.

(Name) \_\_\_\_\_ has disclosed no risk factors in history and has no adverse findings on examination which would place him/her at higher than the population average risk of injury from this activity.

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Martial Arts & Boxing Control Board, forms are NOT required.

## Ballarat One Match - Waiver

In consideration of, and as a condition of, the acceptance of my entry in the Ballarat One Match

October 14, 2023 I, \_\_\_\_\_

of \_\_\_\_\_

do hereby waive all and any claim, right or cause of action which I might otherwise have for, or arising out of loss or injury, damage of any description whatsoever which I may suffer or sustain in the course of, or as a consequence of, my entry or participation in this tournament. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations, associations, incorporated associations and bodies involved in promoting or staging this event and the servants, agents, representatives, officials, and helpers of them.

I acknowledge that I understand the rules of this tournament and I will abide by them. I also acknowledge that I am fully aware of the risk of injury involved in this competition.

My date of birth is        /        /

\_\_\_\_\_  
Sign Competitor

Witness to signature

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent or guardian to sign if competitor is under 18 years of age.

Date:    /    /

\_\_\_\_\_  
Sign

Witness to parent or Guardian signature

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print Name

**PLEASE NOTE THAT IF THE APPLICANT IS UNDER 18 YEARS OF AGE  
A PARENT MUST ATTEND THE EVENT**

This application must be forwarded to Shihancho Gary Viccars  
by email: gviccars46@tpg.com.au or mail: 38 Roxby St, Manifold Heights 3218  
to reach him by October 5