

# One Match 2025

## Saturday August 23

**Venue: Q2 Building, Federal University, Mt.Helen**  
**Commencing at 1pm**

Please provide the following details:

Name:

DOB:

Male / Female?

Rank:

Years Training:

Mobile:

Email:

Weight:

Height:

Dojo:

Instructor Name:

Instructor Mobile:

Instructor Email:

Please provide tournament and one match history:

Year

Tournament

Result

Year

Tournament

Result

If there is not enough room for this information please provide a separate page

*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 but there is **no guarantee of a match.**

2. One Match rules, see website,  
[www.hanshiviccars8thdan/tournamentrules](http://www.hanshiviccars8thdan/tournamentrules)

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 following pages for details.

5. Tournament director is, Hanshi Gary Viccars, E: [gviccars46@tpg.com.au](mailto:gviccars46@tpg.com.au)  
The event is organized by Matsushima Kyokushin Australia

6. Weigh-In at venue from 11am. Earlier weigh-in is possible

# Full Contact Karate - Medical Form

## Ballarat One Match August 23, 2025

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.

He / She 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 – Page 1

In consideration of, and as a condition of the acceptance of my entry in the Ballarat One Match August 23, 2025:

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                      /                      /

\_\_\_\_\_

Signed by Competitor

Witness to signature

\_\_\_\_\_ Sign

Print Name

\_\_\_\_\_

Date:                      /                      /

## **Ballarat One Match Waiver – Page 2**

Parent or guardian to sign if the above competitor is under 18 years of age

Write name \_\_\_\_\_

Sign

Witness to parent or Guardian signature

Write name \_\_\_\_\_

Sign

Date:

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