
Phone/Fax (250) 768-2241 or Toll Free 1-866-445-5425

Email: tanedakaratedojo@shaw.ca

Web: www.tanedakaratedojo.com

Dear Chito-ryu Karate-ka,

We are very excited to invite you to the Ninth Annual Chito-Ryu Friendship Tournament / Clinic. This year's event is placed close to the Soke Cup so our athletes can build some competitive momentum heading to Japan. The idea is to have an event that can bring our style together and make Chito-Ryu students more competitive in the karate community.

Tournament Info: - Saturday May 29th Penticton Lakeside Resort - [21 Lakeshore Drive West, Penticton](#)

Registration and weigh in: 8:15 am

Tournament begins: 9:00 am

Location: Main Ballroom

Cost \$20.00 per division, Team Kata - \$45.00 per team. (Or \$15 per person if more than 3 people)

Divisions will be no larger than 12. If there are 13 or more we will make 2 equal groups.

Divisions may be combined if there aren't enough competitors.

Registration Dead Line: *12:00pm Monday May 24th 2010*

Instructors please send one cheque for your Dojo payable to the Taneda Karate Dojo

Clinic Info: - Sunday May 30th Penticton Lakeside Resort - [21 Lakeshore Drive West, Penticton](#)

Location: Main Ballroom

Soke Sensei may be conducting the clinic this year. We will hopefully know closer to the date. If he does Sensei Taneda has asked him to focus on bunkai from kata.

Clinic fee is \$60 and starts at 9:00am.

Rules of Competition

Kumite: We will be using the Soke Cup rules. All scoring techniques are only worth Ippon and the first to 3 points wins. 3 minutes stop time for Male Black Belt divisions and 2 minutes stop time for everyone else. This year body and head bogu will be mandatory in all kumite divisions. In the junior kumite divisions a "light non-injurious" glove touch to the face mask will be allowed to score. Anything more than that will be warned or penalized. If your Dojo has bogu gear, please bring it. Shin/instep pads are recommended. If there are enough Black Belt referees we would like to use 5 judges or more instead of 3.

Kata: **Scorecards** will be used. We would like to use more officials to allow more experience for our judges. If possible we will use 7 judges instead of 5. Only Chito-Ryu Kata will be allowed.

Team Kata: Teams can be all boys, all girls, or mixed. There will not be separate divisions for boys and girls.
* If teams are of mixed rank they will compete in the division of the highest-ranking team member. (I.e... if a team consists of 2 Yellow belts and 1 orange belt they would compete in the Orange/Green belt division)* Ask the teams to make up a team name. This name will be used to call them into the ring.

Referees: **All black belts** please bring clothes for refereeing. We prefer grey pants, white shirt and a navy blue tie. Referees may wear navy blue blazers as well. Bring your own whistle.

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Banquet Info: Location – Penticton Lakeside Resort - 21 Lakeshore Drive West, Penticton - Ball Room #4

When: Saturday May 29th

Time: – 6:00pm gathering. Dinner is at 6:30.

Price: - \$25 (\$20 for 11yrs old and younger) all tickets for the banquet are to be paid to the *Okanagan Chito-Ryu Society*. A separate sheet has been attached. Please use this for the banquet ticket sales. Instructors please send one cheque for your group.

Food: Dinner will be a buffet of pasta and salads.

Dance: There will be a DJ playing music after dinner so we can all have a good time!

Hotel Info:

The hotel we are using for this event is the Penticton Lakeside Resort. All events on the weekend will take place here. For more information please check out their web site:

<http://www.pentictonlakesideresort.com/>

Rate: \$105 + tax per night (up to 4 people per room) Ask for the Taneda Dojo group rate.

Deadline: May 22, 2010

Phone #: 1-800-663-9400 toll free

For more information on any of the listed events please contact our office at your convenience.

Boys	Girls
Kata	Kata
B1 - 7 yrs and Younger All Belts	G1 - 7 yrs and Younger All Belts
B2 - 8/9 yrs - White Belt	G2 - 8/9 yrs - White Belt
B3 - 8/9 yrs - Yellow Belt	G3 - 8/9 yrs Yellow Belt
B4 - 8/9 yrs - Orange/Green Belt	G4 - 8/9 yrs - Orange/Green Belt
B5 - 10/11 yrs - White Belt	G5 - 10/11 yrs - White Belt
B6 - 10/11 yrs - Yellow Belt	G6 - 10/11 yrs - Yellow Belt
B7 - 10/11 yrs - Orange/Green Belt	G7 - 10/11 yrs - Orange/Green Belt
B8 - 12/13 yrs - White Belt	G8 - 12/13 yrs - White Belt
B9 - 12/13 yrs - Yellow Belt	G9 - 12/13 yrs - Yellow Belt
B10 - 12/13 yrs - Orange/Green Belt	G10 - 12/13 yrs - Orange/Green Belt
B11 - 12/13 yrs - Blue/Brown Belt	G11 - 12/13 yrs - Blue/Brown Belt
B12 - 14/15 yrs - White/Yellow Belt	G12 - 14/15 yrs - White/Yellow Belt
B13 - 14/15 yrs - Orange/Green Belt	G13 - 14/15 yrs - Orange/Green Belt
B14 - 14/15 yrs - Blue/Brown Belt	G14 - 14/15 yrs - Blue/Brown Belt
B15 - 16/17 yrs - White/Yellow Belt	G15 - 16/17 yrs - White/Yellow Belt
B16 - 16/17 yrs - Orange/Green Belt	G16 - 16/17 yrs - Orange/Green Belt
B17 - 16/17 yrs - Blue/Brown/Black Belt	G17 - 16/17 yrs - Blue/Brown/Black Belt
Kumite	Kumite
B18 - 7 yrs and Younger All Belts	G18 - 7 yrs and Younger All Belts
B19 - 8/9 yrs - White/Yellow Belt	G19 - 8/9 yrs - White/Yellow Belt
B20 - 8/9 yrs - Orange/Green Belt	G20 - 8/9 yrs - Orange/Green Belt
B21 - 10/11 yrs - White/Yellow Belt	G21 - 10/11 yrs - White/Yellow Belt
B22 - 10/11 yrs - Orange/Green Belt	G22 - 10/11 yrs - Orange/Green Belt
B23 - 12/13 yrs - White/Yellow Belt	G23 - 12/13 yrs - White/Yellow Belt
B24 - 12/13 yrs - Orange/Green/Blue Belt	G24 - 12/13 yrs - Orange/Green/Blue Belt
B25 - 14/15 yrs - White/Yellow Belt	G25 - 14/15 yrs - White/Yellow Belt
B26 - 14/15 yrs - Orange/Green Belt	G26 - 14/15 yrs - Orange/Green Belt
B27 - 14/15 yrs - Blue/Brown Belt	G27 - 14/15 yrs - Blue/Brown Belt
B28 - 16/17 yrs - White/Yellow Belt	G28 - 16/17 yrs - White/Yellow Belt
B29 - 16/17 yrs - Orange/Green Belt	G29 - 16/17 yrs - Orange/Green Belt
B30 - 16/17 yrs - Blue/Brown/Black Belt	G30 - 16/17 yrs - Blue/Brown/Black Belt

Note to Karate Competitors

All Karate competitors are required to submit a medical report. This report shall be in two parts. Part A shall be a medical history questionnaire that each competitor shall complete. Part B shall be a medical examination report to be completed by a licensed physician, and is required of competitors who have significant health problems as related in Part A. If the answers to part A are all 'No', then part B need not be completed.

The medical report must be submitted at the time of registration for a tournament, to the tournament director, for review by the medical director.

The medical director will determine if a competitor is or is not medically fit to compete in Kumite. Please note that no medical examination report is required of Kata-only competitors.

All competitors should be aware of the following:

1. No tapes, splints or protective equipment may be worn during kumite matches without the approval of the tournament medical director. Exceptions are approved protectors, e.g., scrotal protectors, fist protectors, and shin pads. A mouth guard is compulsory for kumite competitors.
2. Approved safety sports glasses will be permitted. Athletes who compete in international competitions may not be permitted to use safety sports glasses, but may be required to use soft contact lenses pursuant to international rules. Regular eye glasses are not allowed in Kumite.
3. If a competitor is injured during a match and is determined to be medically unable to continue that match, he may not compete in another match during the same tournament without first obtaining medical clearance from the tournament medical director.
4. Disqualification following an injury may result in either the injured competitor or his opponent being declared the winner. The circumstances under which the injury occurred will be considered by the referee and judges in deciding who is the winner.
5. In the interest of safety, all finger and toe nails must be trimmed short.
6. No personal jewelry may be worn during kumite.
7. All competitors are advised to see their regular physician for follow-up medical examination of injuries suffered during the tournament. It should be noted that the full extent of some injuries may not manifest themselves until some time following the injury, e.g., abdominal injuries or head injuries. Hence, anyone who has continuing symptoms or who is concerned about an injury should consult his or her physician.

Acknowledgment and Release

By his/her signature below, the Tournament Competitor ('Competitor') or Parent/Guardian if under 19, acknowledges that he/she has read the 'Note to Karate Competitors' above, and that the requisite information required in this form has been disclosed. The Competitor expressly confirms that he/she has disclosed all illnesses, injuries, ailments, symptoms, or medical conditions of any kind whatsoever suffered or sustained by the Competitor as requested in the Medical Examination Report. It is also understood that the Competitor will consult his/her physician for a physical examination should an examination be requested by the Tournament Medical Director.

Furthermore, the Competitor hereby releases Karate BC, its employees, agents, successors, assigns, directors or volunteers from any and all liabilities arising out of or connected with any loss, damage, injury or expense suffered or sustained by the Tournament Competitor as a consequence of or in connection with his/her participation in the Tournament Competition or any activity related thereto.

Dated this _____ day of _____, _____ KBC Membership # _____

BLACK BELT INSTRUCTOR:

TOURNAMENT COMPETITOR:

Name: _____

Name: _____

SIGNATURE:

SIGNATURE: (of Parent/Guardian if under 19)

ADDRESS:

ADDRESS:

**Privacy Disclosure: Medical and personal information contained within will be available for review by members of the Association's Medical committee and their assistants. In the event of injury, a competitor's information may be shared with health care providers assisting that athlete. Signing this form gives consent to said use of a competitor's personal information.*

MEDICAL EXAMINATION REPORT

Part A – to be completed by all Kumite competitors

Name: _____ Date of Birth: _____ Age: _____ Male/Female

Address: _____

Club Affiliation _____ Rank: _____

NAME OF MEDICAL INSURANCE PLAN AND NUMBER (*Must complete) _____

1. Have you any disease of the eyes? Yes / No
2. Do you have a hearing loss? Yes / No
3. Do you have fainting spells, blackouts or epilepsy? Yes / No
4. Have you had a head injury within the past year? Yes / No
5. Do you have bronchial asthma? List treatment below! Yes / No
6. Do you have any active lung infection including TB? Yes / No
7. Do you have any heart disease or high blood pressure? Yes / No
8. Do you have an active kidney disease, infection or failure? Yes / No
9. Do you have any loss of all or part of a limb? Yes / No
10. Do you have decreased movement in any limb, joint or spine? Yes / No
11. Do you have any muscle or joint disease? Yes / No
12. Do you have diabetes? Yes / No
13. Do you have hepatitis or any other blood borne communicable disease? Yes / No
14. Are you taking any medication? Yes / No
15. Do you have allergies to any medications? Yes / No
16. Have you had any recent operations, fractures or major illness? Yes / No
17. Do you have any disease or disability not mentioned above? Yes / No

If answer was "Yes" to any of above questions, give details and obtain medical clearance from physician to compete. {Information provided not confidential}

I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

Date:

Competitor's Signature (if under 19 – parent or guardian)

MEDICAL EXAMINATION REPORT

Part B – to be completed by examining physician

Name: _____

Weight: _____

Did you weigh? Yes / No

Height _____

Did you measure? Yes / No

Pertinent Medical History:

	Normal	Abnormal	Details of Positive Findings
1. Eyes (lids conjunctiva, cornea, pupils, fundi)			
2. Ears (auditory canals, tympanic membranes, patency of eustachian tubes)			
3. Nose, throat (airway, speech impediment, tonsils, etc)			
4. Nervous system (Concussion sequelae ; Tendon reflexes, tremors, gait)			
5. Respiratory system (Thorax, lung fields)			
6. Cardiovascular system (Heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities)			
7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)			
8. Genito-urinary system (Varicocele, hydrocele, particularly with hernia)			
9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)			
10. Lymphatic system and thyroid			
11. Skin (including evidence of allergy)			
12. Blood pressure readings:	1 st	Additional	
s. _____			
d. _____			
13. Pulse: _____			

VISUAL EXAMINATION

	a) Distant Vision	a) Near Vision
Right Eye	/ corrected to /	/ corrected to /
Left Eye	/ corrected to /	/ corrected to /
Both Eyes	/ corrected to /	/ corrected to /

Examining physician's opinion:

The Karate student named above is medically ____ fit / ____ unfit to participate in competitive free sparring.
Examining physician's name and address (use rubber stamp if available)

Physician's Signature

Date

Contra-Indications to Athletic Participation in Sports

CONTRA-INDICATIONS TO ATHLETIC PARTICIPATION		
Contact Sports: Karate, Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo		
	<u>Absolute Contra-indications</u>	<u>Relative Contra-indications</u>
Neurological	<ol style="list-style-type: none"> 1. Concussion with loss of consciousness – out of tournament 2. Two concussions – out for the season 3. Three concussions – out of contact sports 	<ol style="list-style-type: none"> 1. Epilepsy (convulsions) if well controlled - no seizure one year – participation permitted 2. A major convulsion after head injury without evidence of epilepsy – this is in concussion category; i.e. two convulsions – out for the season, etc.
Eye	<ol style="list-style-type: none"> 1. Blindness in one eye 2. Recent intraocular operation 3. Presence of intraocular lens 	<ol style="list-style-type: none"> 1. Retinal detachment – ophthalmological consultation mandatory 2. Active eye infection, eg. conjunctivis 3. Defective lid closure 4. Corneal anaesthesia
Respiratory	<ol style="list-style-type: none"> 1. Any active lung infection including TB 	<ol style="list-style-type: none"> 1. Bronchial asthma – participate to tolerance
Cardio-vascular	<ol style="list-style-type: none"> 1. Abnormal enlargement of the heart 2. Heart murmurs recognized as <ol style="list-style-type: none"> a) Mitral stenosis b) Aortic stenosis 3. Infection in the heart 	<ol style="list-style-type: none"> 1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure) – investigate before participation
Endocrine		<ol style="list-style-type: none"> 1. Diabetes if poorly controlled
Abdomen	<ol style="list-style-type: none"> 1. Partially descended testis in position subject to injury 2. Any enlarged major abdominal organ (liver, spleen, kidney) 	<ol style="list-style-type: none"> 1. Inguinal hernia (rupture)
Genital Urinary System	<ol style="list-style-type: none"> 1. One kidney missing or seriously damaged 2. Active kidney infection 	<ol style="list-style-type: none"> 1. One testicle missing
Musculo Skeletal	<ol style="list-style-type: none"> 1. Incomplete healing of wrist fracture 2. Arthritis in the back (vertebrae column) 3. Active hip disease 	<ol style="list-style-type: none"> 1. Instability of knees 2. Recurrent shoulder dislocation 3. Osgood Schlatters if pain present on Movement 4. Amputees
Hematological	<ol style="list-style-type: none"> 1. Coagulation defects 	
Skin		<ol style="list-style-type: none"> 1. Active bacterial infection 2. Active herpes simplex (cold sores) 3. Severe cystic acne

Take this reference for physician if require completion of Medical Examination Report