

2012 PN AAU Karate District Championships

Qualifier for AAU Karate Nationals
YOUTH & ADULT

INDIVIDUAL REGISTRATION

For office use only

Amount Paid: _____

Control Number: _____

School Code: _____

Division Codes: _____



Saturday, May 5, 2012

Edmonds Heights
(Formerly Edmonds Homeschool Resource Center)

23200 100th Ave W
Edmonds, WA 98020

Check-in 8 AM
Events begin at 9AM

Please provide all information requested below and on the reverse side of this application.
Please be sure to sign your name in the proper places. Failure to do so may invalidate your registration.

REGION	DISTRICT	AAU NUMBER - You must be a current AAU member to participate.		
<input type="text" value="1"/> <input type="text" value="2"/>	<input type="text"/> <input type="text"/>	_____		
LAST NAME		FIRST NAME		
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HOME ADDRESS				
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CITY		STATE	ZIP CODE	
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AREA CODE	HOME PHONE NUMBER	SEX	AGE	DATE OF BIRTH (MM/DD/YY)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="radio"/> <input type="text"/> <input type="text"/> <input type="radio"/> <input type="text"/> <input type="text"/>
DATE STARTED TRAINING (MM/YY)		NUMBER OF INACTIVE MONTHS		COUNTY
<input type="text"/> <input type="text"/> <input type="radio"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHECK EACH CATEGORY IN WHICH YOU WISH TO COMPETE

AGE AGE (As of July 1, 2012)

KATA
OPEN

KOBUDO

KUMITE

TEAM KATA
(MUST FILL OUT SEPARATE FORM)

BEGINNER (Less than 1 year), WHITE BELT

NOVICE (Less than 2 years), GREEN BELT

INTERMEDIATE (Less than 4 years), BROWN BELT

ADVANCED (4 years +), BLACK BELT

WEIGHT IN LBS

Individual Registration Fee \$ _____ (1 EVENT: \$40, Each Additional Event: \$10)

Team Registration Fee _____ (\$30 FOR EACH TEAM, OR \$10 PER TEAM MEMBER)
(List names and ages of other team members and turn in separate Team form)
Name _____ Age _____
Name _____ Age _____

Late Registration Fee \$ _____ (\$15 IF ENTRY RECEIVED AFTER April 18, 2012)

Total Amount Enclosed \$ _____

MAKE CHECKS PAYABLE TO:
USA Karate
20126 Ballinger Way NE PMB 222
Shoreline, WA 98155

MAIL ENTRIES TO:
USA Karate
Check or Money Order
Credit Cards Not Accepted

c/o USA Karate
20126 Ballinger Way NE
PMB 222
Shoreline, WA 98155

DO NOT SEND CASH

PLEASE COMPLETE AND RETURN THE ATHLETE WAIVER FORM IN ITS ENTIRETY AND RETURN WITH THIS REGISTRATION

ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

(Must be filled out and returned with your Team Entry Form)

IN CONSIDERATION of being permitted to participate in any way in 2012 PN AAU Karate District Championships a qualifier for US Nationals, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and Warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the The Amateur Athletic Union of USA Karate, USA Karate Academy, The Edmonds School District, Joni and Alan Sharrah, including related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, lessors of premises on which the Activity takes place. FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES: AND I FURTHER AGREE that if, despite this RE4LEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasee's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost as which any may incur as the result of such claim.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesmen in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of karate event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize the tournament directors to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this karate event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

I REALIZE THAT THERE ARE NO REFUNDS.

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS A RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT, ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

1	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
2	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date
3	_____	_____	_____
	Signature of Contestant	Signature of Parent/Guardian	Date

NAME OF DOJO AT WHICH ATHLETE TRAINS: _____

ATHLETE'S COACHES/SENSEIS NAME: _____

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Edmonds Home School Resource Center Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Edmonds Home School Resource Center
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date