#WeAreAAU





#AAUKarate

PRESENTS











CHAMPIONSHIPS

& SUPER REGIONAL QUALIFIER

SATURDAY

May 21st

DOORS OPEN AT 8am COMPETITION BEGINS AT 10am

LOCATION:

Ponchatoula Area Recreation District 19030 Ponchatoula Park Drive Ponchatoula, LA 70454

FOR INFORMATION PLEASE CONTACT SENSEI JOEY GILUSO

- **AAU District IX Chairman: Sensei Rannie Ladner**
 - **Gulf Coast Shotokan Karate**
 - 228-493-4955
 - **Tournament Host: Sensei Joey Giluso**
 - Ponchatoula JKA
 - 985-386-9062

- This event is licensed by the Amateur Athletic Union of the U.S. Inc.
- · All participants must have a current AAU membership
- AAU memberships may not be included as part of the entry fee to the event
- AAU membership must be obtained before the competition begins except where the event operator has
 has a laptop available with an internet connection. Adult and non-Athlete memberships are no longer instant and
 cannot be applied for at an event. Due to background screenings, please allow up to 10 days for adult memberships
 to be processed.
- Participants are encouraged to visit the AAU website <u>www.aausports.org</u> to obtain their membership

'SOUTHERN AAU KARATE CHAMPIONSHIPS"

DISTRICT IX & SUPER REGIONAL QUALIFIER



EVENT DATE: MAY 21, 2022

LOCATION:

Ponchatoula Area Recreation District 19030 Ponchatoula Park Drive

Ponchatoula, LA 70454

Email: jkaponchatoula@gmail.com Phone: 985-386-9062

Door Registration / Check-In8:00-9:00AM

Referee's Meerting.......9:30AM
Competition Begins......10:00AM

• AAU RULES • AAU RULES • AAU RULES • AAU RULES •

Entry Fee: Spectator Fees

 1 Event\$55.00
 Adults\$5.00

 2 or more eventsAdd \$5/event
 Senior / Children\$3.00

Team Kata\$15/team (\$5/team member)
Team Kumite.....\$15/team (\$5/team member)

Under 3yrs.FREE

DEADLINE TO REGISTERFRIDAY, MAY 13, 2022

PLEASE MAKE CHECKS PAYABLE TO: JOEY GILUSO

ATTN: AAU DISTRICT IX CHAMPIONSHIPS

311 NORTH 5TH STREET PONCHATOULA, LA 70454

EVENTS: KATA, KUMITE, KOBUDO, TEAM KATA, TEAM KUMITE, KIHON(6yrs and Under)

DIVISIONS: REQUIRED EQUIPTMENT:

Beginner1 Year or Under (White Belt)

Mouth guard

Novice1 Year but less than 2 Years (Green Belt) White Hand Pads,

Unless designated AKA then Red hand pads may be worn

Intermediate2 Years but less than 4 Years (Brown Belt)
Approved White Head Gear with Shield (ALL MINORS)

Advanced4 Years or more (Black Belt)

Groin Cup (Boys/Men)

TOURNAMENT DIRECTORS:

Sensei Joey Giluso (985) 386-9062

Sensei Rannie Ladner (228) 493-4955

TOURNAMENT DIRECTORS RESERVE THE RIGHT TO COMBINE DIVISIONS OR MAKE ANY CHANGES TO THIS EVENT



SOUTHERN AAU KARATE CHAMPIONSHIPS



Sensei Joey Giluso

Sensei Rannie Ladner (228) 493-4955

(985) 386-9062

DISTRICT IX & SUPER REGIONAL QUALIFIER



COMPETITOR APPLICATION

Last Name	First Name		Phone		
			StateZip		
Age (as of JULY 1)	DOB	Sex	Weight	Height	
Dojo Name					
Sensei's Name		AAU #			
Karate Experience:	KataKumite	eKobudo	Team Kata	Team Kumite	
Tiny Tigers Division: Beginners under 6 years old can perform 3 basic (kihon): Punches, Blocks, Kicks & Moving Techniques					
Beginner (White Belt)	Novice (Green I	Belt)Interme	diate (Brown Belt) _	Advanced (Black Belt)	
(No More than 1 year)	(1Year but less than 2 y	vears) (2years	less than 4 years)	(4 years of more)	
I, the undersigned, in consideration for being permitted to participate in the 2022 AAU District 9 Championship Tournament 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 anytime I believe conditions to be unsafe, I will immediately discontinue further participation in the activity, or the condition which the activity takes place. 2) I fully Understand that: (a) Athletic Activities Involve Risks and Dangers of serious Bodily Injury, Including the actions or inactions of others participating in the activity, or the condition which the activity takes place. 3) I fully accept and assume all such risk and all responsibility for losses, cost and damages I incur as a result of my participation or the minor in the activity. If any, while attending or participation and I hereby waive all claims against; the facilities, grounds, all sponsors, judges, instructors, students, parents/guardians and volunteers for I fully understand that any medical treatment given will be of a first aid treatment only. The authorization includes tendering or failure to render an/or acceptance of any medical aid, medical care, hospitalization and/or any other assistance deemed necessary for the proper care and well being of myself and/or the minor below. I do hereby accept the conditions in full. I waive all rights to compensation in regards to any photographs or video tapes furnished by or taken of me in connection with the tournament and I give full permission to those associated with this event for use in publication, promotion, publicity or television showing now or in the future If under 18 years, Release and Consent must be signed by Parent/ Guardian Signature of Competitor Date Signature of Parent Of Guardian Date					
TOURNAMENT DIRECTORS:				THIS I	