

**AAMA KARATE SCHOOL**  
**AAU SOUTHWEST DISTRICT**  
**QUALIFIER**  
**KARATE CHAMPIONSHIP**



**FEBRUARY 1<sup>ST</sup>, 2025**

**HOSTED BY AAMA KARATE SCHOOL**

**WACO, TEXAS**

4112 Memorial Dr.  
Waco, TX 76711  
(254)242-6984

**TOURNAMENT DATE AND LOCATION:**

February 1st, 2024  
Journey Church  
10424 China Springs Rd. Waco, Tx 76708

**RULES:**

AAU Karate Rules Apply.

**ATHLETES DRESS CODE:**

Traditional Solid White Gi, no rolled sleeves or cuffs, pants must be at least 2/3 length between ankle and knee, females must wear plain white T-shirt or white sport bra under top and no headbands or jewelry.

**SCHEDULE OF EVENTS:**

8:00-9:00 am; Check-in.  
9:15 am; Volunteers meeting  
9:30 am; Referee & Coaches Meeting  
9:45 am; Opening Ceremony  
10:00 am; Competition (kata, kobudo, & Kumite)

**OFFICIALS DRESS CODE:**

Navy blue blazer, White Shirt, Official AAU karate tie, plain light gray trousers, dark or black socks, black shoes. Jewelry of any kind is not allowed.

**REGISTRATION INFORMATION:**

All competitors must be paid and registered by the pre-registration deadline of Wednesday, Jan. 29<sup>th</sup>, 2025.  
Registration costs \$65.00 and covers all events.

**Events Include:**  
(Kata, Kobudo, & Kumite)

[Click REGISTRATION FORM](#)

This form might take a few minutes to load

**NO REFUNDS/NO PERSONAL CHECKS**

Spectator Admission is \$5.00 and can be paid at the door with cash/credit card children under 6 are free.

**COACHES DRESS CODE:**

Must wear track suit or track pants and polo shirt.  
Coaches must also wear appropriate identification.

**AGE DIVISIONS:**

6-7 yrs, 8-9 yrs, 10-11 yrs, 12-13yrs, 14-15 yrs, 16-17yrs, 18-34 yrs, 35 & up (option to compete in 18-34 division). Some divisions may be subdivided or combined according to the number of competitors, height and/or weight as deemed necessary by the Tournament Director. Divisions 6 years old and up will be separated by gender as necessary.

**AAU MEMBERSHIP:**

This event is licensed by the Amateur Athletic Union of the U.S., Inc. All participants must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU youth athlete membership must be obtained before the competition begins. BE PREPARED! Adult and non-athlete memberships are no longer instant and cannot be applied for at the event. Please allow at least 10 days for membership to be processed. Participants are encouraged to visit the AAU website [www.ausports.org](http://www.ausports.org) to obtain their membership.

**INFORMATION:**

**Tournament Director: Chuck Johnson**  
**Phone: (254)242-6984**  
AAMA Karate  
4112 Memorial Dr.  
Waco, Texas 76711

# AAMA KARATE SCHOOL

## PARTICIPANT ENTRY FORM

CHECK DIVISION	<input type="checkbox"/> KATA	<input type="checkbox"/> KUMITE	<input type="checkbox"/> KOBUDO	<input type="checkbox"/> TEAM KATA	
CHECK RANK:	<input type="checkbox"/> Beginner 0-1 years	<input type="checkbox"/> Novice 1-2 years	<input type="checkbox"/> Intermediate 2-3 years	<input type="checkbox"/> Advance 4 yrs & up	
CHECK AGE:	<input type="checkbox"/> 5-7 yrs	<input type="checkbox"/> 8-9 yrs	<input type="checkbox"/> 10-11 yrs	<input type="checkbox"/> 12-13 yrs	
age as of January 29th	<input type="checkbox"/> 14-15 yrs	<input type="checkbox"/> 16-17 yrs	<input type="checkbox"/> 18-34 yrs	<input type="checkbox"/> 35 yrs & up	
REGISTERING FOR:	All Individual Events— 55.00 <input type="checkbox"/> Kata <input type="checkbox"/> Kumite <input type="checkbox"/> Kobudo	Team Events <input type="checkbox"/> Team Kata	Total Amount \$ _____		
AAU MEMBERSHIP #					

MALE

FEMALE

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FIRST NAME	LAST NAME	PHONE NUMBER	E-MAIL
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ADDRESS	CITY	STATE	ZIP
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DOB	WEIGHT	HEIGHT	BELT RANK / KYU
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YEARS TRAINING	DOJO NAME	SENSEI'S NAME
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### WAIVER AND RELEASE OF LIABILITY

I the undersigned, in consideration for being permitted to participate in the 2023 AAMA Central Texas Karate Tournament:

1. I 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. I 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 own actions or inactions, the actions or inactions of others participating in the activity, or the condition which the activity takes place. Furthermore, there may be other risks not known to us or not reasonably foreseeable at this time. 3. I HEREBY 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, if any, while attending or participating. I hereby release, discharge any covenant to sue, and waive all claims against AAMA Karate School U.S.A., Charles Johnson, all sponsors, judges, instructors, students, parents/guardians, volunteers, sponsoring agencies, administrators, directors, coaches and other employees of the organization and other participants for any damages, injuries or losses that I may sustain. I fully understand that any medical treatment given will be of a first aid treatment only. The authorization includes tendering or failure to render and/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 regard to any photographs or video tapes furnished by or taken of me in connection with this event 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. The undersigned has read the above waiver and release of liability and understands by signing this form he/she and parent/guardian has given up their rights and those of his or heirs and next of kin and has signed this form voluntarily.

IF UNDER 18 YEARS. RELEASE AND CONSENT MUST BE SIGNED BY PARENT/GUARDIAN.

\_\_\_\_\_  
Signature of competitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date