



British Karate Association

bka.referee@msn.com

SELECTIONS

ENGLISH KARATE FEDERATION NATIONAL CHAMPIONSHIPS –
SATURDAY 21ST & SUNDAY 22ND April 2012
TRAINING - Open

Sunday 26th February, 2012

**St.John's Church Hall
Hewlett Street
Coppull, Chorley
PR7 5AD**

Kata

- 9 yrs + 3rd Kyu + Above

Schedule

- 11:30 - 12:00 Registration
- 12:00 - 1.30 Open Training
- 1.30 – 1.45 Lunch Break
- 1.45 – 15.00 Kata Selections

Fees

- £5 - Training only
- Selection - Free

YOU WILL ONLY BE ALLOWED TO SELECT IF YOU HAVE AN UP-TO-DATE VALID BKA LICENCE

Notes:

Athletes wishing to be considered for selection MUST:

- Have attended past BKA Squad Training sessions.
- Return the Training form fully completed by **Friday 24th February 2012**.
- Arrive and register within the registration times.
- Be in possession of an up-to-date **BKA Karate Licence**.
- You must be of the correct age for the category selecting for on the date of the championships.

Form MUST be fully completed and submitted BEFORE the stated submission date.

**If your form has not been submitted before hand you will not be able to train or select on the day,
NO EXCEPTIONS. NO LATE SUBMISSIONS**

Return to: bka.referee@msn.com

OR: Peter Bibby, 109 City Road, Kitt Green, Wigan, WN5 0BA

All received forms will receive a e-mail confirmation reply.

Kata Training/Selection Form – Sunday 26th February, 2012

Full Name:	Club:		
Address:	Association:		
	Instructor Name: Instructor Tel:		
	British Karate Association Licence No: (This section is MANDATORY & must be completed) British Karate Association Expiry Date: (This section is MANDATORY & must be completed)		
Post Code:	Style:		
Home Tel:	Grade:		
	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Training only (Please Tick) <input type="checkbox"/></td> <td style="border: none; text-align: center;">*</td> <td style="border: none;">Training and Selection (Please Tick) <input type="checkbox"/></td> </tr> </table>	Training only (Please Tick) <input type="checkbox"/>	*
Training only (Please Tick) <input type="checkbox"/>	*	Training and Selection (Please Tick) <input type="checkbox"/>	
Mobile Tel:			
Email:	*Exact Weight (Kg):		
DOB:	ANY medical conditions, medications or Injuries: <div style="text-align: center; color: red;">Yes / No</div>		
Gender: Male / Female	Name of Medication: Detail of injury:		
Next of Kin: Address: Tel:	As athlete or legal Parental Guardian of athlete (as named above), I hereby give my permission for said athlete to participate in the training and selection session detailed above. Additionally I give full permission for photographs of said athlete taken by designated BKA Press Officer to be used for publicity material including newsletters & website belonging to the BKA. Signed: (Parent / Guardian) or (Athlete) (This section is MANDATORY & must be completed)		
	OFFICE USE: SELECTED YES / NO KATA: KUMITE: TEAM:		

All boxes to be completed for Selecting Athletes. Boxes marked * not required for Athletes only Training. Form MUST be signed by Athlete or Parental Guardian for athletes under 21 years.

Return to: bka.referee@msn.com

All received forms will receive a confirmation reply.