

# 2025 Spring Junior Karate Shiai (tournament)



**Tournament Date:** Saturday, March 29, 2025

**Location:** Focus Martial Arts (9342 Virginia Rd., LITH, IL 60156)

**Email:** [Contact@FocusMA.com](mailto:Contact@FocusMA.com)

**Phone:** 847-458-0938

**Tentative Schedule: Athletes should Arrive 30 minutes before their division begins.**

All 5-7 years old & Adaptive competitors	10:00 AM
All 8-12 years old competitors	12:00 PM
All 13-15 years old competitors	2:00 PM

**Divisions:**

- Adaptive Karate (all ages)
- Beginner (White - Blue Belts)
- Intermediate (Green - Purple Belts)
- Advanced (Brown - Black Belts)

**Events:**

- Kihon (Karate Basics)
- Kata (Forms)
- Kumite (Sparring)
- Kobudo (Weapons)

**Registration Due:** Wednesday, March 26, 2025 (\$20 late fee after this date)

**Registration Fee:** \$60/athlete for up to 2 events  
\$65/athlete for 3 events  
\$75/athlete for 4 events

**Tournament Equipment Highlights:**

**Only Officials, Athletes & Staff Members will be allowed on the competition floor.**

**Mandatory Kumite Equipment:** White Karate Uniforms, Fist Guards, Mouth Guard, helmet with face Shield (Focus will provide extra Helmets and Chest Protectors ring side) and Groin Cup (boys).

**Optional Kumite Equipment:** Chest Protector, Shin Guards, Foot Protectors.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Belt Color: \_\_\_\_\_

## Divisions:

- Beginner** (White, Orange, Yellow and Blue Belts)  **Intermediate** (Green and Purple Belts)  
 **Advanced** (Brown and Black Belts)  **Adaptive Division** (NISRA Karate Program)

**Please fill in appropriate boxes: Total # of events:**

<b>BASICS</b>	Belt Color: _____
<b>KATA / FORMS</b>	Belt Color: _____
<b>KUMITE / SPARRING</b>	Belt Color: _____
<b>KOBUDO</b> (Bo or Sai Kata)	Belt Color: _____

(If enrollment is low, we may combine divisions by belt color, age and/or gender!)

## Medical Information (Please indicate any conditions below which apply to you):

\_\_\_\_ I have no medical problems \_\_\_\_ I do have medical problems (Please describe)

I/our doctor approve my child for competition. Parent/Guardian Sig. \_\_\_\_\_

**Waiver:** I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless: Focus Martial Arts Inc. and all of its officers, judges, referees, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury my child(ren) or I may sustain by way of travel to and from, participating in, or other direct or indirect involvement in the Focus Martial Arts Inc. Tournament. In addition, I hereby for now and forever, accept any and all responsibility for my actions in conjunction with the Focus Martial Arts Inc. Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of my child(ren) or myself.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Make checks payable to Focus Martial Arts or pay by phone or by use of your on-file credit card.**

**Submit your form and payment to 9342 Virginia Rd., Lake in the Hills, IL 60156.**

\*\*\*\*\*Office use only\*\*\*\*\*

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Check/Cash/Charge \_\_\_\_\_ Misc: \_\_\_\_\_ Total Fees: \_\_\_\_\_