

The 2009 SABAKI CHALLENGE ®

Saturday April 18th

Single elimination men's pyramid tournament in 3 weight divisions.

Women's division consisting of no weight classes.

Open to all styles for fighters 21 years of age or older.

Approximate men's divisions: Lightweight 125- under 155 lb, Middleweight: 155- under 180 lb,

Heavyweight: 180- under 235lb. Subject to change after all applications are in.

Each division will field only 8 fighters. In the case that more than 8 fighters apply for a particular division, the Tournament Director will select eight men or women for the tournament. There may be a slight adjustment in the weight allowances to accommodate the twenty-four fighters selected in the Men's Division.

- ❑ **In order to be considered, applicant must fill in, sign and return the following items to the SABAKI CHALLENGE no later than March 6th, 2009.**
No application received after the deadline will be considered.

- ✓ Fighter Application and Questionnaire
- ✓ Medical Certificate
- ✓ Proof of current medical insurance
- ✓ \$50 Registration Fee (Applicants outside the U.S. send Int'l Money Order)
- ✓ A 1 ½" x 2" recent photograph (fighting stance, in a gi, from chest up)
- ✓ Five-minute videotape/dvd

- ❑ Selection of fighters will be at the sole discretion of the Tournament Director. Those applicants not selected will be refunded their registration fee.
- ❑ Any fighter who has not been in the SABAKI CHALLENGE in the last three years must send a five-minute videotape of him/herself in action; showing bag training, sparring, etc. Katas will not fulfill this requirement.
- ❑ There will be a mandatory meeting for all fighters on Friday evening, April 17th. In order to avoid a forfeit, ALL FIGHTERS must check in at the Denver Merchandise Mart on the afternoon of the Tournament, Saturday April 18th, no later than 3:30 p.m.

Return application to: SABAKI CHALLENGE
4730 East Colfax Ave. Denver, CO 80220
(TEL: 303-320-7632) (FAX: 303-320-5618)

PLEASE TAKE NOTE THE FOLLOWING IMPORTANT INFORMATION

- 1. The Application deadline for the 2009 SABAKI CHALLENGE is Friday, March 6th. Applications that are not received in their entirety by that date will not be considered. Do not request an extension of the deadline to complete your application. We appreciate your promptness!**

SATURDAY APRIL 18th
Denver Merchandise Mart
451 East 58th Ave. Suite 4270 Denver CO 80216
(Located off I-25 exit 58th Ave.)
Quarter finals begin at 4:30 p.m.
MAIN EVENT 6:00 p.m.

FIGHTER APPLICATION CHECKLIST

In order to be considered for the 2009 SABAKI CHALLENGE all of the following items **must** be received by the Tournament Director no later than Friday March 6th.

NO EXCEPTIONS!!

- ☐ [] Fighter Application completely filled out and signed by applicant and a witness.
- ☐ [] Fighter Questionnaire completely filled out.
- ☐ [] Medical Certificate, Part I completed and signed by applicant, and Part II completed and signed following physical examination by physician.
- ☐ [] Proof of current medical insurance. Photocopy of Insurance card is sufficient.
- ☐ [] \$50 Registration Fee. Applicants from outside the U. S. must send International Money Order.
- ☐ [] 1 ½ x 2" recent photograph, in fighting stance in a uniform, from the chest up.
- ☐ [] 3-5 minute videotape/dvd of sparring or other tournament appearance. Video of performing katas will not satisfy this requirement. This requirement is waived for former SABAKI fighters.

TRAVEL AND HOTEL INFORMATION

For discounted reservations at the Comfort Inn, located right next to the Denver Merchandise Mart, contact Jessica Minkel at Comfort Inn 303-297-1717. Please call before April 1st as availability after this date cannot be guaranteed.

e-mail: jessica@comfortinn-central.com
phone: 303-297-1717

The mandatory meeting for all participants in the 2009 SABAKI CHALLENGE will be held at the Comfort Inn on Friday April 17th.

2009 SABAKI CHALLENGE® FIGHTER APPLICATION

App _____ Quest _____ Med _____ Ins _____ Fee _____ Photo _____ Video _____

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

HOME PHONE _____ WORK PHONE _____ FAX _____ EMAIL: _____

AGE _____ HEIGHT _____ PRESENT WEIGHT _____ FIGHTING WEIGHT _____ WEIGHT DIVISION _____

STYLE NAME _____ NAME OF INSTRUCTOR _____ Your RANK _____

EMAIL ADDRESS _____ Would you like to be contacted via email? _____

How did you hear about this years' Sabaki Challenge? _____

* * *

LIABILITY WAIVER

I understand that SABAKI CHALLENGE Tournament ("Tournament") fighting is a hazardous sport that could result in one or more of the following injuries: fractures or dislocations; head injuries resulting in loss of consciousness, paralysis, loss of intellectual function or even death; dental injuries; back, neck, or spinal cord injuries resulting in paralysis or permanent weakness; other injuries--both major and minor--temporary and permanent; loss of life.

In consideration of being permitted to compete in the SABAKI CHALLENGE Tournament, I do hereby, for myself, my heirs, executors and administrators, representatives and assigns, waive, release and forever discharge any and all rights and claims, whether in contract, negligence, or any other legal claim, for damages which I may have or which may hereafter arise against the SABAKI CHALLENGE Tournament Director and Tournament Staff, and Enshin Karate, Inc., and of their officers, directors, agents, representatives, successors and assigns. This waiver applies to any and all injuries and consequent damages of all kinds which may be sustained and suffered by me in connection with my association with or participation in the Tournament or which may arise out of my traveling to and returning from the SABAKI CHALLENGE Tournament. Additionally, I hereby waive any claims, whether in contract, negligence, or any other legal claim, against any and all persons which may arise in connection with my participation in or association with the Tournament, including but not limited to other fighters, first aid or medical personnel, tournament staff members, and other individuals associated with my participation in the Tournament. I assume full and complete responsibility for all of my actions in connection with the Tournament.

I further agree that any photographs, filmed or videotaped materials taken of or by me in connection with the SABAKI CHALLENGE can be used by Enshin Karate, Inc, and the Tournament Director for publicity or promotion without compensation at this time or any other time.

I hereby certify that I am at least 21 years of age or older.

Signature of Applicant

Date

Signature of Witness

Date

2009 SABAKI CHALLENGE ®

FIGHTER BIOGRAPHY QUESTIONNAIRE

Name: _____ Weight Division: _____

Style: _____ Rank: _____ Instructor: _____

Age: _____ Height: _____ Weight: _____ Married?: _____ Children?: _____

Occupation: _____

Hobbies: _____

City, State & Country of Residence: _____

City, State & Country of Birth: _____

Training experience: _____

Fighting and tournament experience: _____

What are your favorite fighting techniques?: _____

What motivated you to begin training in the Martial Arts?: _____

What are your goals for the future?: _____

Brief statement or comment on entering the 2009 SABAKI CHALLENGE: _____

MEDICAL CERTIFICATION

Last Name _____ First Name _____ M. I. _____

Street Address _____

City, State, Zip _____

Phone Number _____ Date of Birth _____ Age _____

Emergency Contact _____ Relationship _____ Phone _____

PART I: ATHLETE → PLEASE CIRCLE THE CORRECT ANSWER. ANSWER ALL QUESTIONS. ALL INFORMATION IS CONFIDENTIAL.

- YES NO 1. Are you allergic to any medication (i.e. aspirin, sulfa, penicillin, etc.)? If so, please indicate what medication: _____.
- YES NO 2. Are you currently taking any medication? If so, list: _____.
- YES NO 3. Have you ever experienced an epileptic seizure, or been informed that you might have epilepsy?
- YES NO 4. Do you have diabetes mellitus?
- YES NO 5. Have you ever been told you have a heart murmur?
- YES NO 6. Do you have asthma?
- YES NO 7. Do you presently have an unrepaired hernia?
- YES NO 8. Have you ever been "knocked out" or experienced a concussion during the past three years? If yes, give dates: _____.
- YES NO 9. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or vertebral discs?
- YES NO 10. Do you wear eye glasses or contact lenses during athletic participation?
- YES NO 11. Do you wear any dental appliance? If yes, circle the appropriate appliance: Permanent Bridge -- Permanent Crown or Jacket -- Removable Partial Plate -- Full Plate -- Braces.
- YES NO 12. Have you had a fracture during the past two years? If so, indicate site of fracture, and date: _____.
- YES NO 13. Have you had a shoulder dislocation, separation, or other shoulder injury during the past two years?
- YES NO 14. Have you ever been advised to have surgery to correct a shoulder condition?
- YES NO 15. Have you ever had an injury to your back?
- YES NO 16. Do you experience pain in the back? If yes, indicate frequency: Seldom -- Occasionally -- Frequently -- With vigorous exercise? -- With heavy lifting? Explain: _____.
- YES NO 17. Have you experienced a sprain of either knee during the past two years with severe swelling accompanying the injury?
- YES NO 18. Have you ever been told you injured the ligaments and/or cartilage of either knee?
- YES NO 19. Have you ever been advised to have surgery to correct a knee problem?
- YES NO 20. If answer to Question #19 is yes, has the surgery been completed? Please give the date: _____.
- YES NO 21. Have you experienced a severe sprain of either ankle during the past two years?
- YES NO 22. Do you have a pin, screw, or plate somewhere in your body as a result of bone or joint surgery? If yes, indicate anatomical site and date of surgery: _____.

(continue on other side)

YES NO 23. Have you been hospitalized during the last three years? If yes, give date and reason for hospitalization:

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH AN ADDITIONAL SHEET, IF NECESSARY, TO EXPLAIN THE DETAILS FOR THESE "YES" ANSWERS.

THE QUESTIONS ON BOTH SIDES OF THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

Signature of Athlete

Date

PART II: PHYSICIAN'S PHYSICAL EXAMINATION and CERTIFICATION

General: _____

Ht: _____ Wt: _____ BP: _____ P: _____ HCT/HGB: _____

UA: S.G. _____ Sug. _____ Alb. _____ Acet. _____

CHECK EACH ITEM IN APPROPRIATE COLUMN

Normal
(N/E if not examined)

Abnormal (Describe)

Head/ears/nose

Eyes

Neck, Thorax

Heart

Lungs

Abdomen

Genito-urinary

Anus/rectum

Extremities

Neurological

Psychiatric

Notes: _____

I certify that I have on this date examined this athlete and find him physically able to compete in the SABAKI CHALLENGE karate tournament.

Physician's Name

Physician's Signature

Date

Address: Street

City

State Zip

Phone