

# 2023 SAMURAI WINTER CHAMPIONSHIPS

SUNDAY, FEBRUARY 5<sup>TH</sup>, 2023



Gates-Chili High School Field House  
1 Spartan Way  
Rochester, NY 14624

DIVISIONS AVAILABLE FOR:

KIDS

TEENS

ADULTS

in: Kata - Weapons Kata - Sparring!

## AWARDS FOR ALL COMPETITORS



# **2023 SAMURAI WINTER CHAMPIONSHIPS**

DATE: Sunday, February 5<sup>th</sup>, 2023

LOCATION: **Gates-Chili High School Field House**  
1 Spartan Way  
Rochester, NY 14624

FEE: **\$60 for 1 event**  
**\$70 for 2 events**  
**\$80 for 3 events**

All applications and payments should be postmarked no later than February 2<sup>nd</sup>, 2023. Late registration fee of \$10 for any applications and payments after February 2<sup>nd</sup>, 2023.

ADMISSION FEES: Adults (18 and over): **\$7.00**  
Kids (6 – 17): **\$5.00**  
Kids (5 and under): **FREE**

DRESS CODE: Traditional white gi for all competitors.

RECOMMENDED EQUIPMENT: Safety gloves, Safety kicks, & foam headgear with face shield, and mouthguards for all athletes, cups and supporters for all male athletes. Shin/instep guards and rib guards are optional.

DIVISIONS: Competitors will be grouped by age and experience. Divisions are subject to change depending on the number of competitors enrolled.

## **EXPERIENCE CATEGORIES:**

**BEGINNER** – Up To 1 Year of Training (White, Yellow, Orange Belts)

**NOVICE** – 1 – 2 Yrs of Training (Yellow, Orange, Blue, Green Belts)

**INTERMEDIATE** – 2 – 4 Yrs of Training (Blue, Green, Purple, Brown Belts)

**ADVANCED** – 4 or More Years of Training (Black Belts)

*Every dojo has a different ranking system and promotion schedule; therefore, divisions will have mixed belt colors and be arranged according to years of training and/or belt level.*

\*\*SCHEDULE OF EVENTS:

9:00am:	Meeting for all judges, coaches, and scorekeepers
9:30am:	Black Belt Adults & 4-8 year olds - all divisions
10:15am:	9-12 year olds - all divisions
11:30am:	13 year olds & up - all divisions

**\*\*PLEASE NOTE\*\***

These are the earliest possible start times. Actual start times will vary depending on the number of athletes competing.

# 2023 COMPETITOR REGISTRATION FORM

\*Please fill out form completely\*

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Dojo \_\_\_\_\_

Belt color/level \_\_\_\_\_ Years of training \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

*Choose which divisions you would like to compete in & your years of experience:*

- |                             |   |
|-----------------------------|---|
| _____ Kata                  | _____ Beginner (Under 1 year of training)<br>(White, Yellow, Orange Belts)          |
| _____ Kobudo (Weapons Kata) | _____ Novice (1 to 2 years of training)<br>(Yellow, Orange, Blue, Green Belts)      |
| _____ Kumite (Sparring)     | _____ Intermediate (2 to 4 years of training)<br>(Blue, Green, Purple, Brown Belts) |
|                             | _____ Advanced (4 or more years of training)<br>(Black Belts)                       |

## **-Waiver-**

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold Samurai Martial Arts, and all its officers, the tournament site and workers, all referees, judges, volunteers and anyone else for any liability or injury I may sustain by way of my traveling to or from, participation in, or other direct or indirect involvement on said karate event I have entered. In addition, I hereby now and forever, accept any and all responsibilities for any actions in conjunction with said event. Finally, I agree to allow, without compensation, the unrestricted use of any photographs, films or videotapes of myself.

\_\_\_\_\_  
Signature of Competitor  
(Signature of parent or guardian if competitor is under 18 years old)

*Return this form with registration fee by February 2<sup>nd</sup>, 2023 to Samurai Martial Arts.  
1512 Spencerport Rd • Rochester, NY • 14606 • samurai@frontiernet.net • Fax #585-429-6344  
Late fee is \$10 will be added if payment is not received by February 2<sup>nd</sup>, 2023*

*To pay by credit card fill out the information below and return form by mail, email, or fax  
(Please print clearly)*

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Billing Zipcode \_\_\_\_\_ CVV Code (on back) \_\_\_\_\_

Phone # of credit card holder \_\_\_\_\_

*For office use only*

Number of events: \_\_\_\_\_ Total Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Employee: \_\_\_\_\_