# 59th East Coast International Shotokan Karate Federation Championships

# Saturday, May 4, 2024

# **REGISTRATION AND CHAMPIONSHIP DETAILS**



Hosted by Washington DC Shotokan Karate Club

Dear Club Instructors,

Washington DC Shotokan Karate Club (DCSKC) is pleased to announce we are hosting the 59th East Coast Shotokan Karate Association (ECSKA) Championship on Saturday May 4, 2024. The event will be held at the **Dr. Edwin B. Henderson Sports Complex, University of the District of Columbia (UDC) located at 4200 Connecticut Ave., NW, Washington, D.C. 20008 - the Van Ness Campus.** 

#### This will be a single-day championship consisting of senior, youth and adult competitions. Only members of the ISKF East Coast region may compete.

Doors will open at 7:30 AM for check-in. The opening ceremony will be held at 9:00 AM sharp, with the Senior's competition following immediately afterward.

#### We strongly encourage participants to check in early:

Check in location: The Days Inn, 4400 Connecticut Ave NW, Washington, DC 20008 Friday evening: 7:00 PM – 9:00 PM Saturday morning: 7:30 AM – 8:30 AM

#### **Registration and Championship Details**

#### All registrations need to be completed by March 31, 2024.

Each participant or a dojo designated person associated with each club should use the provided registration link to complete registration and payment online.

Dojo designated persons and Team Contacts will be responsible for obtaining signed Emergency Contact and Waiver forms from each of their participants and emailing the documents to iskfeastcoastchampionship@gmail.com.

#### Online Registration and Payment Link: https://dckarate.com/events/iskf-tournament-2024

# Please note that registration is not complete until payment and related Health, Emergency Contact and Waiver, and Parental Consent forms have been received.

If you have any questions or experience difficulty making payments online, please email: ISKFEastCoastChampionship@gmail.com

**Please note:** Competitors without a current ISKF membership card will be charged \$50 the day of the event. Competitors 1st kyu+ without an ISKF passport will be charged \$85 the day of the event.

Haldane Prince Tournament Director Washington DC Shotokan Karate Club

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# **General Information**

Date	Saturday, May 4, 2024
Time	Doors open at <b>7:30 AM</b> , Opening ceremony at <b>9:00 AM</b>
Location	Dr. Edwin B. Henderson Sports Complex, University of the District of Columbia (UDC) 4200 Connecticut Ave., NW, Washington, D.C. 20008
Check-in	Days Inn – Details to be provided
	Friday 7:00 - 9:00 PM *Check-in on Friday is highly recommended
	Saturday 7:30 – 8:30 AM
Judge's Meeting	Saturday 8:00 AM TBD
jistration Deadlin	ies:
March 31	Deadline for program advertisement
March 31	Deadline for online registration and payment
April 5	Deadline for email receipt of all Medical Questionnaires, Emergency Contact and Wa Release Agreements, Parental/Guardian Consent Forms
istration Submis	sion
nline: <u>https://</u>	/dckarate.com/events/iskf-tournament-2024

# Schedule of Events\*

Friday, May 3, 2024	Days Inn	
7:00 PM – 9:00 PM	Competitor/Judges Check-In	
Saturday, May 4 2024	Days Inn	
7:30 AM	Doors Open	
7:30 AM – 8:30 AM	Competitor Check-in	
8:00 AM Judges' Check-in and Meeting - TBD		
8:30 AM	Senior Team and Individual staging	
9:00 AM Opening Ceremony		
	<ul> <li>Senior individual &amp; team competition</li> </ul>	
Youth individual & team competition		
Adult individual & team competition		
•These times are approximate and will depend on number of contestants.		

# **Fees and Admission Prices**

Competitor Registration Fees				
Youth all ranks 7-17 years of age.				
1 event (kata or kumite)	\$35			
2 events (kata and kumite)	\$50			
Team kata \$50 per team (two yo	uth teams allowed)			
Adult all ranks 18-44 years of age.				
1 event (kata or kumite)	\$35			
• 2 events (kata and kumite)	\$50			
Team kata	\$50			
Team kumite \$50				
Senior all ranks (this includes beginners and intermediates) 45+ years of age.				
1 event (kata or kumite)	\$35			
• 2 events (kata and kumite)	\$50			
Team kata \$50				
Spectators Free				

# **Dojo Submission Checklist**

#### ALL REGISTRATIONS AND PAYMENTS MUST BE MADE ONLINE BY MARCH 31, 2024

- □ Individual
- 🗆 Team
- □ Judge registration
- □ Volunteer sign-up
- □ T-shirt orders
- □ Advertisements for the Championship Program Booklet

### All forms below must be scanned/emailed by April 1st

□ All competitors' and judges' medical questionnaires

- □ All competitors', officials', judges', and staff waiver/release agreements
- □ Youth competitors' parental consent and release forms

All payments will be processed online through the Championship website.

# Youth Division – General Information

#### Qualifications

- Youth competitors must be between ages 7 and 17 on the day of the championship.
- Competitors without a current ISKF card will be charged \$50 the day of the event.
- Competitors 1<sup>ST</sup> kyu+ without an ISKF passport will be charged \$85 the day of the event

Rules					
Refer to the ISKF Tournament Rules and Regulations 7 <sup>th</sup> Edition (May 2022)					
Kata	Beginner and intermediate kumite will be ippon kumite.				
	<ul> <li>Beginner 10<sup>th</sup> – 7<sup>th</sup> kyu: Jodan/chudan oi-zuki both sides</li> </ul>				
	<ul> <li>Intermediate 6<sup>th</sup> – 4<sup>th</sup> kyu Jodan/chudan oi zuki, mae-geri, yoko-geri kekomi, favorite side</li> </ul>				
Brown belt kumite will be jiyu ippon kumite for eliminations and finals. Black belt k will be jiyu kumite for eliminations and finals.					
KumiteDuring elimination rounds, beginner and intermediate ranks can only be asked to kata tested for the belt. For example, an orange belt can only be asked to perfor Shodan or Nidan during elimination rounds. An orange belt may elect to do Hei Sandan during point round.As per page 41 in ISKF Tournament Rules and Regulations 7th Edition (May 2022): Brown belts are restricted to: Heian 1 – 5 Tekki 1 					
		Team Kata			
		Each ISKF club can send two mixed youth teams.			
Teams ar	e three members and one optional alternate from the same club.				
Team me	embers and alternates may only be on one team. No substitutions after registration				
There wil	There will be no team kumite for youth				

# **Adult and Senior Divisions – General Information**

#### Qualifications

- Competitors 45 or older on the day of the tournament must compete in Senior divisions.
- Senior Adult 45- 54: gender-separated kata and kumite (shobu-ippon kumite)
- Super Senior 55 -64: gender-separated kata and kumite (jiyu-ippon kumite)
- Any competitor, 9<sup>th</sup> kyu and above, may compete in the adult or senior divisions
- Competitors without a current ISKF card will be charged \$50 the day of the event.
- Competitors 1<sup>ST</sup> kyu+ without an ISKF passport will be charged \$85 the day of the event

Rules	Rules				
Refer to	the ISKF Tournament Rules and Regulations 7 <sup>th</sup> Edition (May 2022)				
Kata	During elimination rounds, beginner and intermediate ranks can only be asked to perform kata tested for the belt. For example, an orange belt can only be asked to perform Heian Shodan or Nidan during elimination rounds. An orange belt may elect to do Heian Sandan during point round				
Kumite	<ul> <li>Beginner and intermediate kumite will be ippon kumite.</li> <li>Beginner 9<sup>th</sup> -7<sup>th</sup> kyu: Jodan/chudan oi zuki both sides</li> <li>Intermediate 6<sup>th</sup>- 4<sup>th</sup> kyu: Jodan/chudan oi zuki, mae geri, yoko geri kekomi, favorite side</li> <li>Brown belt kumite will be jiyu ippon kumite for eliminations, finals, and team</li> </ul>				

Teams		
Refer to	the ISKF Tournament Rules and Regulations 7 <sup>th</sup> Edition (May 2022)	
Kata	<ul> <li>Each ISKF club can send:</li> <li>one mixed-gender beg-int (9<sup>th</sup> – 4<sup>th</sup> kyu) team.</li> <li>one men's adult advanced team</li> <li>one women's adult advanced team</li> <li>one mixed gender senior 45+ advanced team</li> <li>Teams are three members and one optional alternate from same club.</li> <li>Team members and alternates may only be on one team.</li> <li>No substitutions after registration.</li> </ul>	
Kumite	Kumite       Each ISKF Club can send: <ul> <li>one men's adult advanced team</li> <li>one women's adult advanced team</li> <li>Teams are two or three members and one optional alternate.</li> <li>Team members and alternates may only be on one team from same club.</li> <li>No substitutions after registration.</li> <li>There will be no team kumite for seniors</li> </ul>	

# **Equipment and Safety Notes**

# **Competitor's Checklist**

- □ Mouthguard (approved by the ISKF Technical Committee)
- □ White non-absorbent fist protectors (approved by the ISKF Technical Committee)
- Standard white karate gi (no patches or logos beyond ISKF)
- Current 2024 ISKF membership card (may be purchased at check-in \$50)
- Current ISKF Passport for 1<sup>st</sup> kyu brown & black belts (may be purchased at check in \$85)

# Judge's Checklist

- □ Mouthguard (approved by the ISKF Technical Committee)
- Standard white karate gi (no patches or logos beyond ISKF)

Belt

□ Whistle

# **Kumite Safety Notes**

- ISKF-approved mouthguard and white, non-absorbing fist protectors required for all kumite.
- Competitors of all ranks and ages require proper protection.
- Eyeglasses, including safety glasses, are not permitted during kumite events.
- Absolutely no jewelry will be permitted to be worn by competitors or officials.
- Other medical and safety garments require referee and medic approval before competing.

# **Accommodations & Transportation**

#### Hotels

We have secured discounted rates for your convenience. Please note that Washington D.C. Karate Club is not involved in the booking process, and we do not assume any liability for reservations or payments. Each participant is responsible for their individual booking arrangements directly with the hotel. Please be aware that the negotiated rates are subject to availability.

#### ACCESS THE DISCOUNTED RATES ON THE CHAMPIONSHIP REGISTRATION WEBPAGE:

We recommend booking your accommodations as early as possible. This is an extremely busy time for Washington DC. Sunday, **March 31, 2024** is the last date to take advantage of the discounted rates. **Choose Your Date.** You can access Once you're on the reservation page, please select your preferred dates for your reservation. Make sure they align with your plans and availability.

**Select Accommodation**. Browse through our available accommodations, and choose the one that suits your needs best. You can view details, amenities, and pricing for each option.

**Enter Guest Information**. Fill in the required information for all guests who will be staying with you. This typically includes names, contact details, and any special requests or preferences you may have. **Review and Confirm**. Before finalizing your reservation, take a moment to review all the details you've entered. Ensure that everything is accurate, and if you have any special requests or notes, make sure they are included.

**Payment.** You will be prompted to provide payment information to secure your reservation. Rest assured that our payment process is secure and protected.

**Confirmation**. After successful payment, you will receive a confirmation email with all the details of your reservation. Please keep this email for your records.

#### Days Inn - Within one block of event

4400 Connecticut Ave NW, Washington, DC 20008.

#### Washington Hilton - Within 2 miles of event

1919 Connecticut Ave NW, Washington, DC 20009

#### Courtyard by Mariott, Bethesda - Within 3 miles of event

5520 Wisconsin Ave Chevy Chase, MD 20815

\*There are many others within a 3-mile radius of UDC. \*

### Transportation

The Event is easily accessible by public transportations, Uber, Lyft and taxi. Onsite parking is also available.

**Event location:** Dr. Edwin B. Henderson Sports Complex, University of the District of Columbia (UDC) located at 4200 Connecticut Ave., NW, Washington, D.C. 20008 - the Van Ness Campus.

### The event site is accessible by the Red Line – Van Ness UDC Metro Station.

- Walk 1 min
- Exit station at WEST SIDE OF CONNETICUT AVE NW & VEAZY ST to destination

We recommend using the Washington Metropolitan Area Transit Authority (WMAT) Trip Planner for bus and metro access to the event.

WMATA Trip Planner: https://www.wmata.com/schedules/trip-planner/

# **T-Shirt Design and Description**

Order T-shirts online at:



The short sleeved t-shirt is black with the ISKF logo on the front, left breast and the 59th Championship flame logo on the back. The color on the final printed shirt may be slightly different.

It is a performance tee made with premium 5-Star Fabric to heighten performance during workouts. The t-shirt provides sun defense, rash guard, moisture-wicking technology, stain release, and comfortable fit. It is the perfect year-around choice for sports and exercise.



T-shirt artwork provided by BoomerTs https://www.boomerts.com/about-us

The Vecteezy\_Karate-Kick-Splash\_641358 free vector was downloaded from Vecteezy online marketplace, <u>https://www.vecteezy.com/free-vector</u>, and used for the 59th ISKF/East Coast Shotokan Karate Championship logo, webpage, brochure, and t-shirt.

# Advertise in the Championship Program Booklet

# **Competitor's and Judge's Medical Questionnaire**

\*\* Required for Each Judge and Competitor \*\*

The International Shotokan Karate Federation (ISKF), East Coast Shotokan Karate Association, Dominion Shotokan Karate Club, LLC, [other clubs?] reserve the right to not allow an individual to compete in the 2023 ISKF East Coast Karate Championship based on an underlying medical condition. Your application fees will be returned to you if you are not allowed to compete.

First Name:		Last Name:		
Sex	🗆 Male 🗆 Female	Age (on 5/4/24):	Rank (kyu/dan):	
Club:		Instructor		
Emergency Contac	t:			
Name				
Phone				
Relationship				

Do you have a history of any of the following conditions?

(Answer Yes or No to EACH condition. If yes to any, please explain)

Yes No

			Heart murmur				
	$\Box$ $\Box$ Hypertension						
			Recent infection				
			Bone fracture in the past six months				
			Concussion or severe head injury in past six months				
			Seizures				
			Eye injury				
			Severe bone bruises requiring padding				
			Kidney injury				
			Blood-borne contagious disease (e.g., HIV/AIDS, hepatitis)				
	□ □ Other relevant conditions						
			Allergy to medication (list all):				
	A						
	Are you presently taking any medications?						
	$\Box$ Yes $\Box$ No						
	If so, please specify:						
	Signature of Contestant:    Date:						
	Signature of Parent/Guardian: Date:						
	DODE		(for contestants under 18 yrs.)				
IN	PORTA	NI:Fo	rm is not valid unless all questions have been answered, and for	m is signed and dated.			

# Waiver/Release Agreement

# \*\* Required for each Official, Judge, Competitor, and Staff member \*\* 59th International Shotokan Karate Federation East Coast Karate Championship

In participating in the International Shotokan Karate Federation (ISKF) East Coast Karate Championship, I understand and accept that:

- My participation in the championship is voluntary.
- I understand that there are risks and dangers inherent in martial arts training and in participating in and receiving instruction at the championship. I assume full responsibility for all risks associated with the championship, including my personal injury, death, or property damage.
- I will not sue or make any demands or claims against the International Shotokan Karate Federation, the East Coast Shotokan Karate Association, Washington DC Shotokan Karate Club and their officers, directors, instructors, members, judges, officials, representatives, and volunteers, University of the District of Columbia (UDC), Haldane Prince, ("Organizer") for personal injury or property damages or loss related to my participation in the championship. THIS WAIVER INCLUDES, BUT IS NOT LIMITED TO, INJURY OR LOSS CAUSED BY, OR ARISING FROM, ORGANIZERS' NEGLIGENCE.
- I am solely responsible for insuring myself and my property at the championship.
- I will pay medical fees or costs related to my participation in the championship and will not seek reimbursement or contribution from the Organizers.
- The Organizers are not responsible for any incidental, consequential, or exemplary damages of any kind even if they are notified in advance that those may occur.
- The Organizers or their designees may use my name, image, or likeness in any media relating to the championship without paying me for that use.
- This Agreement is binding on me, my family and heirs and assigns.
- If I sign this Agreement on behalf of my minor child, I agree that all this Agreement's terms apply to me.

I have read this release and understand all its items. By registering for this championship and signing this waiver, I agree to all these terms and conditions.

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature of Contestant:

\_\_\_\_\_Date: \_\_\_\_\_

or of parent/guardian for contestants less than 18 years of age

Street Address:			
City:			
State:			
Zip:			
Signer is:	□ Participant	□ Parent or guardian of Participant	

# **Parental/Guardian Consent and Release Form**

This form is for minor participants and must be filled out by a Parent or Legal Guardian. Please print clearly and supply all the information.

### **First Aid**

I hereby give permission for the doctor, nurse, nurse practitioner or medical staff at the 2024 International Shotokan Karate Federation East Coast Karate Championship to administer minor first aid or seek emergency medical care for my son/daughter.

### Name of Child:

First:

Last:

During his/her participation at the championship, I understand that this permission covers the average emergencies such as, but not limited to, strains, sprains, cuts, bruises, scrapes, bumps, skin rashes, minor bites, allergic reactions, upset stomach, diarrhea, minor burns, suspected minor fractures, fevers, and other similar occurrences. This permission is valid only during the championship.

### **Emergency Care**

If my child needs emergency medical care, I hereby give permission for my child to be treated in the emergency room and by the medical professionals of the hospital or medical center nearest to or most easily accessible to the championship. This permission includes, but is not limited to, fractures, allergic reactions, minor concussions, contusions, lacerations, foreign bodies in the eyes or skin, fevers, diagnostic x-rays, suturing, minor burns, etc. I also give permission for my child to receive a tetanus booster (if needed). I understand that in cases of major significance, such as a fracture, appendicitis, or any illness or injury which would require admission to a hospital, more consents will be necessary for treatment. If such a situation should arise, I further understand that the hospital and championship representatives will make every attempt to reach me.

I have signed and attached the Waiver and Release form for my child.

Signature of Parent/Legal Guardian:	
Date:	
Print Name:	
Emergency Contact Number:	