

# US CAPITAL

# SABAKI

# CHALLENGE



## SUNDAY FEBRUARY 19, 2012

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

Open to all styles for fighters 18 years of age or older.

Women's division consisting of no weight classes.

Approximate men's divisions: Lightweight 125-160 lbs, Middleweight: 160-180 lbs, Heavyweight: +180

Subject to change after all applications are in.

Each full-contact 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 US CAPITAL SABAKI CHALLENGE no later than Thursday, Feb 9, 2012.**

**No application received after the deadline will be considered.**

Fighter Application and Questionnaire

Medical Certificate

Proof of current medical insurance. If not contact us for more details

\$60 Registration Fee (Applicants outside the U.S, send Int'l Money Order).

1" x 2" recent photograph (fighting stance, in a gi, from chest up) Please email!

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 never competed in the SABAKI CHALLENGE or any other full-contact knockdown tournament must send a personal statement with fighter qualifications.

There will be a mandatory meeting and weigh in for all fighters at Enshin Karate (address below) at 6:00PM on Saturday Evening, February 18<sup>th</sup>, 2012.

**Return application to: US CAPITAL SABAKI CHALLENGE**

**2190 Pimmit Dr. Unit K & L**

**Falls Church, VA 22043 TEL: 703-734-KICK**

### PLEASE TAKE NOTE OF THE FOLLOWING IMPORTANT INFORMATION

1. The Application deadline for the 2012 US CAPITAL SABAKI CHALLENGE is Thursday Feb 9, 2012.

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!

2. Please be sure to familiarize yourself with the tournament rules and structure carefully, since as a fighter you are bound by their specifics.

3. There will \$500 penalty for any applicant who fail to participate without any reasonable excuse in writing.

# US CAPITAL

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# CHALLENGE



## SUNDAY FEBRUARY 19, 2012

The Congressional Schools of Virginia  
3229 Sleepy Hollow Road  
Falls Church, VA 22042

Children's divisions begin at 10:00 A.M.\*  
Full-Contact Division 3:00 p.m.\*

\* Schedule is subject to change at the discretion of the Tournament Director

### FULL-CONTACT FIGHTER APPLICATION CHECKLIST

In order to be considered for the 2012 US CAPITAL SABAKI CHALLENGE,  
all of the following items must be received by the Tournament Director  
no later than Thursday, Feb 9<sup>th</sup> 2012. 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.
- Registration Fee. Applicants from outside the U.S. must send International Money Order or Credit Card.
- 1" x 2" recent photograph, in fighting stance in a uniform, from the chest up.

# US CAPITAL SABAKI CHALLENGE



App \_\_\_ Quest \_\_\_ Med \_\_\_ Ins \_\_\_ Fee \_\_\_ Photo \_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ PRESENT WEIGHT \_\_\_\_\_ FIGHTING WEIGHT \_\_\_\_\_ WEIGHT DIVISION \_\_\_\_\_

STYLE NAME \_\_\_\_\_ NAME OF INSTRUCTOR \_\_\_\_\_ Belt (color) \_\_\_\_\_

## LIABILITY WAIVER

I understand that US CAPITAL 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 US CAPITAL 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 US CAPITAL SABAKI CHALLENGE Tournament Director and Tournament Staff, Enshin Karate, Inc., Enshin Karate of Northern Virginia, LLC, kaizen MMA 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 US CAPITAL 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 US CAPITAL SABAKI CHALLENGE Tournament can be used by Enshin Karate, Inc., Enshin Karate of Northern Virginia, LLC 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.

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Signature of Applicant  
Date

# US CAPITAL **SABAKI** CHALLENGE



## *Biography Questionnaire*

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ email: \_\_\_\_\_

Style: \_\_\_\_\_ Belt: \_\_\_\_\_ Years of Training: \_\_\_\_\_

Instructor: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies: \_\_\_\_\_

City, State & Country of Residence:

\_\_\_\_\_

City, State & Country of Birth:

\_\_\_\_\_

Training experience:

\_\_\_\_\_

\_\_\_\_\_

Fighting and tournament experience:

\_\_\_\_\_

\_\_\_\_\_

What are your favorite fighting techniques?:

\_\_\_\_\_

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

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What are your goals for the future?:

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Brief statement or comment on entering the 2011 SABAKI CHALLENGE:

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# US CAPITAL SABAKI CHALLENGE



## MEDICAL

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M. I. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I: Please Circle the correct answer. 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:

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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:

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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:

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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:

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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:

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

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IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE ON THE OTHER SIDE AND/OR 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.**

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Signature of Athlete

Date