

cut out card carefully

Players - Fill out 1 to 5 and backside (and 6 for Super Grands only)
CHECK (✓) only one & fill in Div. No. (Fill out a separate card for each division you compete in)

1 FORMS SELF DEFENSE WEAPONS BREAKING Division Number _____

2

First Name	Last Name (Keep name consistent - no nicknames)	State	
------------	---	-------	--

3

Rank	Age as of Jan. 1 this year	Nov Int Adv BB M F	Country from
------	----------------------------	--------------------	--------------

4 Instructor _____ School _____

5 Team Coach _____ Team Name _____

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4 Instructor _____ School _____

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6 FILL OUT FOR SUPER GRANDS ONLY
(Fill in your final NBL rankings for this division only)

Highest NBL Nat. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____
Highest NBL Reg. Rank _____ Conference _____ 2nd highest _____ Con. _____ 3rd _____
Not NBL ranked in this division (wild card) (✓) _____

AMATEURS: SKIL Int. Ranking _____ Nat. Ranking _____ State Ranking _____
Total points you have in this division _____ State Games pts _____ Not SKIL ranked (✓) _____

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AMATEURS: SKIL Int. Ranking _____ Nat. Ranking _____ State Ranking _____
Total points you have in this division _____ State Games pts _____ Not SKIL ranked (✓) _____

SCOREKEEPING

	Round 1	Mus 0-2	Tie Run-off	Mus vote	Tie
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mus Score: 7-10 = No deduction
4-6 = 0.05 Point Deduct
1-3 = Disqualification

PAID STAMP
SG ONLY

SEQUENCE NO.
DG = Disqualification
NS = No Show

PLACE TAKEN

W L
Overtime = Deduct 0.05 for each 10 seconds or portion thereof
Time _____

SCOREKEEPING

	Round 1	Mus 0-2	Tie Run-off	Mus vote	Tie
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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GRANDCHAMPIONSHIP

	1.	2.	3.	4.	5.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Music Scores: _____
Music Total: _____
Time _____

SEQ. # (Grand) _____

PLACE (Grand) _____

GRANDCHAMPIONSHIP

	1.	2.	3.	4.	5.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Music Scores: _____
Music Total: _____
Time _____

SEQ. # (Grand) _____

PLACE (Grand) _____

Reorder No. 1130 - Sport Karate International (716) 763-1111

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SCOREKEEPING

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2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Music Scores: _____
Music Total: _____
Time _____

SEQ. # (Grand) _____

PLACE (Grand) _____

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1. All your cards, print your name in the boxes at top and read and sign at bottom.
2. Fill in all other boxes or
3. Fill in just the boxes of only one card. That card must be the one with your lowest division number. All other cards, write that same lowest division number over the top of all the boxes below so we know which card we can find your info on.

First Name										Last Name (Keep name consistent - no nicknames)									
Address																			
City																			
State/Prov				Zip/Postal Code				Country				Rank - Nov.		Int.		Adv.		BB	
Birthdate - Month			Day			Year			Area Code			Home Phone							
Area Code				Work Phone				School Phone											
E-mail Address (Print neatly)															Age (January 1)				
Name of School you train at																			
School Instructor's First Name										Instructor Last Name									
School Address																			
City				State/Prov				Zip Code											

WAIVER AND RELEASE OF CLAIMS

I, (print name) _____ hereby waive any and all rights or claims I may have against the National Blackbelt League (NBL), the Super Grands World Games, the Amateur Internationals, Sport Karate International (SKIL), Sport Karate International Tournament Alliance (SKITA), SMASH Publications, Bonsai Budo Karate, Boice Lydell, all NBL tournament promoters, all NBL sanctioned tournaments and all their agents, servants & employees, & I hereby release & discharge them from any & all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my attendance &/or participation at any NBL or SKIL sanctioned event. I represent & warrant that I am physically & mentally fit, able to participate, & I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I have read, understand & agree to abide by the Sport Karate International Tournament Alliance (SKITA) rules associated with NBL/SKIL events & assume all responsibility & any liability for infringement of such rules & agree to accept the tournament arbitrator's decision as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or video taped in connection with NBL/SKIL events which can be used for instruction, publicity, promotion or television broadcast & I waive any & all compensation in regards thereto. I agree that I have obtained permission from the artist(s) of any music I use in conjunction with my competition & verify by signing this permission that in doing such, I will indemnify, defend & hold harmless all the above named parties from any liability for use of such music & that this artist's permission permits the above named parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video &/or televised broadcast & I waive any & all compensation for such.

Competitor Signature

Signature of parent/guardian who assumes complete responsibility (if under 18)

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City																			
State/Prov				Zip/Postal Code				Country				Rank - Nov.		Int.		Adv.		BB	
Birthdate - Month			Day			Year			Area Code			Home Phone							
Area Code				Work Phone				School Phone											
E-mail Address (Print neatly)															Age (January 1)				
Name of School you train at																			
School Instructor's First Name										Instructor Last Name									
School Address																			
City				State/Prov				Zip Code											

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IMPORTANT - SAVE TIME

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SPORT KARATE INT'L TOURNAMENT ALLIANCE

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SKITA Player Card - Forms 2/21/12