



Entry Form - QBJJL Gi Circuit

Saturday 19th JUNE 2010
PCYC Cayuga St, NERANG, Gold Coast

8am Weigh In
9am Start

Name _____ D.O.B ____ / ____ / ____

Address _____

Phone _____

Email _____

Affiliate Academy _____

- All entries and payment **MUST BE** received before Monday 14th of June 2010
- All competitors **MUST** weigh in between 8 am and 8.30 am – Competition to start 9 am. Allowance of 3 kg given in this GI comp.
- Competitors must wear approved Gi
- Minimum age 17 years (if under 18 entry must be signed by Guardian)
- Categories will only exist where there are at least 2 competitors

Please read and select ONE from each category carefully,
WEIGHT NOMINATED MUST BE MADE – FAILURE TO MAKE WEIGHT WILL MEAN EXCLUSION FROM COMPETITION with no refund.

F – Female Only F/M – Female /Male M – Male Only

1. SEX MALE FEMALE

2. BELT LEVEL

- White M/F Blue M Purple M
 Brown M Black M Blue – Black F

3. WEIGHT DIVISION

- U49Kg F 49kg – 55kg F 55kg – 61kg F
 U61Kg M 61kg – 67kg M/F 67kg – 73kg M/F
 73kg – 79kg M/F 79kg – 85kg M/F
 85kg – 91kg M/F 91kg – 97kg M/F
 97 + Kg M/F

ABSOLUTE (Open weight division)

I also wish to compete in the absolute division of my experience category (\$15 extra)

Competitor Entry Fee - \$45 Absolute - \$15 extra

Total to Pay (please tick one) \$45 \$60

I _____ do hereby submit my application for participation in the Q.B.J.J.L Comp held on June 19th 2010 at the PCYC, Cayuga St Gold Coast Queensland. I acknowledge that Martial Arts Competition are DANGEROUS form of sport and accept that injuries can occur and freely submit my application to compete accepting such risk and hereby release the directors, promoters, referees, judges and organizers. I declare that I do not have any physical or medical condition, which may increase my risk of injury, and that I am in GOOD HEALTH and have trained for this competition.

I agree to waive claims against any and all person or people connected with this event as administrator, competitors, or in any capacity whatsoever, for the injuries that I may receive as result of my knowingly entering an event that does involve personal risk.

I agree that pictures, video footage of me in connection with this event can be used for publicity, promotional, television, newspaper, throughout the world without limitation and I waive compensation in regards same. **I further assume responsibility for my actions in connection with this event.**

Signature of Competitor: _____ DATE: ____ / ____ / ____
(Or Guardian If Competitor is under 18 years of age.)

All entries to be sent to Daniel Lima **PO Box 734 Main Beach QLD 4217**
Cheques to paid to: **“Education, Training and Combat Centre Pty Ltd”**
Phone Dan 0423 173518; Vincent 0438 353349; Eduardo Dias 0422 736780
refer www.qbjjl.org.au for more details