**The 28th Canadian National Kung Fu Championship 2018**

**第二十八屆加拿大全國功夫大賽**

Saturday, October 20, 2018  
**Registration Form** - Please make duplications if more copies needed!

**Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_**

**Martial Arts School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sifu (Instructor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WAIVER**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby submit my application for registration to the CANADIAN CHINESE KUO SHU (MARTIAL ARTS) FEDERATION, CCKSF, in the **Canadian Kungfu Championship 2018.**  I agree to waive all claims against any person(s) connected with this CCKSF championship event for any injury I may sustain during the competition. I hold myself responsible for my own actions and promise to act according to the rules and regulations of the CCKSF tournament committee. I further agree that any images taken of me or by me in connection with the CCKSF championship may be used by CCKSF for publicity or promotion without compensation at this or any future time.  
**I understand that a deposit of $200 is required if I want to make a complaint or appeal against the result of an event, and the decision of the Board of Judges will be final.**  
  
**Applicant (18+) or Parent/Guardian’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**FEES  
$50.00 for first item (pre-registration only, before October 10, 2018), $60.00 at door. $10 per additional item. Group form   
and Fight Choreography $60.00 per item, team members fill in separate forms individually. Make cheque payable to: CCKSF. Submit to your school Sifu or mail to Canadian Chinese Kuo Shu (Martial Arts) Federation, Woodside Square Postal Outlet, P.O. Box #63517, 1571 Sandhurst Circle, Agincourt, ON, M1V 1V0, Canada. Absolutely no refunds.**

No. of Items: \_\_\_\_\_\_\_\_\_\_ Amount Enclosed: \_\_\_\_\_\_\_\_\_\_\_ Cheque No. : \_\_\_\_\_\_\_\_\_\_\_\_

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| **DIVISIONS** | |
| * Please note: For category 3, events may be cancelled if there are less than two participants. * CCKSF reserves all rights to change any event without notice. 對抗項目組別如參賽人數不足，則重新編排組合。 | |
| |  |  | | --- | --- | | **<1> Traditional Empty Hand Form (拳術套路)** | | | **All Styles - 2 Minute Time Limit** | | | □(F1) Children 12 & Under | □ Novice (≤ 3yrs) | | □ (F2) Youth 13 to 17 | □ Advance (> 3yrs) | | □ (F3) Adults 18 to 54 |  | | □ (F4) Seniors 55 & Above |  | | |  | | --- | | **<2> Traditional Weapon Form (器械套路)** | | **All Styles - 2 Minute Time Limit - Advanced Only** | | □(F4) Children 12 & Under | | □ (F5) Youth 13 to 17 | | □ (F6) Adults 18 to 54 | | □ (F7) Seniors 55 & Above | |
| |  |  | | --- | --- | | **<3> Chi Shou/Sticky Hand (黐手)** | | | □ Male | □ Female | | □ (C11) <119 lbs. | □ (C12) 120-139 lbs. | | □ (C13) 140-159 lbs. | □ (C14) 160-179 lbs. | | □ (C15) 180-199 lbs. | □ (C16) >200 lbs. | | |  |  | | --- | --- | | **<4> Taiji (太極拳)** | | | **All Styles - 3 Minute Time Limit** | | | □ (T1) Hand form拳術套路 | □ Chen 陳 | | □ (T2) Weapon form器械套路 | □ Yang 楊 | |  | □ Wu 吳 | |  | □ Others 其他 | |
| |  | | --- | | **<5> Group Form** | | **All Styles - 3 Min. Time Limit - 4 People Maximum** | | □ (G1) Hand form 集體拳術套路 | | □ (G2) Weapon form 集體器械套路 | | |  | | --- | | **<6> Fight Choreography** | | **All Styles - 3 Min. Time Limit - 4 People Maximum** | | □ (FC1) Hand form 徒手對折 | | □ (FC2) Weapon form 器械對折 | |

**For Office Use**Number of items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Authorized CCKSF Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_