



**SATURDAY, MAY 15 - SUNDAY, MAY 16, 2010**

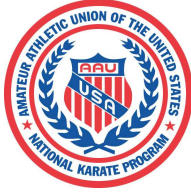


**HOSTED BY:**

**Adirondack, Connecticut, New York Metropolitan and New Jersey AAU Districts**

- LOCATION:** Albany High School  
700 Washington Avenue; Albany, NY 12203
- INDIVIDUAL EVENTS:** Kata, Kumite, WKF and Kobudo for beginner, novice, intermediate and advanced athletes
- TEAM EVENTS:** Kata, Kumite and Kobudo for teams comprised of beginner/novice and intermediate/advanced athletes
- AGE GROUPS:** 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19-34, 35-44, 45 and up  
(Organizers reserve the right to combine age groups at their discretion.)
- REGISTRATION:** Remember to **PRE-REGISTER!** See page 2 for details.  
Registration will not be accepted after May 14, 2010.
- ENTRY FEES:**
- |   |                   |                |
|---|-------------------|----------------|
| <i>Early Registration</i> April 1 - May 7, 2010 | <b>Individual</b> | <b>\$60.00</b> |
|   | <b>Team</b>       | <b>\$30.00</b> |
| <i>Late Registration</i> May 8 - May 14, 2010   | <b>Individual</b> | <b>\$80.00</b> |
|   | <b>Team</b>       | <b>\$45.00</b> |

See page 2 for more information!



## Tournament Registration and Fees

This event is sanctioned by the Amateur Athletic Union of the U. S., Inc. All participants must have a current AAU membership. AAU membership is not included as part of the entry fee to the event. AAU membership must be obtained before the competition begins. Participants are encouraged to visit the AAU web site [www.aausports.org](http://www.aausports.org) to obtain their memberships.

Participants are encouraged to pre-register for this competition.

Registration will be open from April 1 to May 15, 2010 only. Early registration runs from April 1 to May 7, 2010. Late registration runs from May 8 to May 14, 2010 (additional fees apply).

Athlete registration fees are to be paid by check or money order during the registration process made out to AC-TKO. The fees are as follows:

### *Individuals (up to three events)*

Early	\$60.00
Late	\$80.00

### *Teams (total per team for each event)*

Early	\$30.00
Late	\$45.00

Please direct all registration questions to your district representative.

## Events, Divisions and Age Groups

Competition will be held in the following events:

Kata (form - individual and team)  
Kumite (sparring - individual and team)  
WKF (sparring - individual)  
Kobudo (weapons - individual and team)

Each athlete and team will compete according to ability level and age as of July 1, 2010:

<i>Beginner</i>	(less than 1 year training)
<i>Novice</i>	(1 - 2 year training)
<i>Intermediate</i>	(2 - 4 year training)
<i>Advanced</i>	(over 4 years training)

Organizers reserve the right to combine age groups at their discretion.

## AAU Required Equipment

All competitors must wear clean white karate uniforms. No patches or writing is permitted except for the AAU Karate patch.

All competitors must wear the proper belt as outlined below:

<i>Beginner</i>	White Belt
<i>Novice</i>	Green Belt
<i>Intermediate</i>	Brown Belt
<i>Advanced</i>	Black Belt

The above belt colors are purely AAU regulation and have no bearing on your current ranking within your dojo.

All kumite athletes 18 years and under **MUST** wear the AAU approved (Macho Warrior) helmet with face shield.

Only AAU approved hand gear will be allowed.

Mouth guards are required.

All male competitors **MUST** wear a protective cup.

## Tournament Check-In

Check-in will take place the mornings of May 15 and 16, 2010 from 8:00 a.m. to 8:30 a.m. **Competition will begin at 9:00 a.m.**

## Spectator Information

Spectators can purchase passes at the door for each day of competition. Prices are as follows:

Adult	\$5.00
Senior/Child	\$3.00

Free parking is available at Albany High School. Food and beverages will be available for purchase throughout the duration of the tournament.

## Additional Information

For additional information, please contact your AAU Karate district representative:

ADIRONDACK: Tony Butler at 518-438-7786  
CONNECTICUT: Danilo Torri at 203-209-7305  
NY METRO: Bruce Hodes at 718-945-4964  
NEW JERSEY: Tom VanTassel at 908-246-9063

Those calling from outside these districts may contact any of the above representatives.



## 2010 AAU Karate Northeast Super Regional Championship Schedule

### Friday, May 14, 2009:

6:00PM Seminar (Pending)  
7:30PM Referees & Judges Clinic

### Saturday, May 15, 2009:

#### INDIVIDUAL ADULT COMPETITION

8:45AM	19-34 19-34	Kata-Kobudo-Kumite WKF	Beg., Nov., Int. & Advanced Advanced
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#### TEAM COMPETITION

9:00AM	5-8 9-12 19-34	TEAMS TEAMS TEAMS
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#### INDIVIDUAL YOUTH COMPETITION

9:45AM	5 6 7 8 9 10 11 12	Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced Beg., Nov., Int. & Advanced
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1:30PM Grand Champion Competition



## 2010 AAU Karate Northeast Super Regional Championship Schedule

**Sunday, May 16, 2009:**

### **TEAM COMPETITION**

9:00AM	13-15	TEAMS
	16-18	TEAMS
	19-34	TEAMS
	Executive	TEAMS

### **INDIVIDUAL COMPETITION**

9:30AM	Executive	Kata-Kobudo-Kumite	Beg. & Nov.
	35+		Int. & Advanced
	Executive	WKF	Advanced
	35+		
	13	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	14	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	15	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	13-15	WKF	Advanced
	16	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	17	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	18	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	16-18	WKF	Advanced
	12:30PM	Grand Championship Competition	

**All times are subject to change!**



**SATURDAY, MAY 15 - SUNDAY, MAY 16, 2010**  
**Albany High School**  
**700 Washington Avenue; Albany, NY 12203**

**HOSTED BY:**  
**Adirondack, Connecticut, New York Metropolitan and New Jersey AAU Districts**

**The fee for each athlete Early Registration \$60.00 Before May 7, 2010.**  
**Late Registration fee will be \$80 May 8 – 14, 2010.**  
**This form must be returned to PO Box 2365 Albany, NY 12220**  
**with payment no later than May 14, 2010.**  
**Checks or Money Order need to be made out to AC-TKO**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ Gender  Male  Female  
 Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 AAU Number \_\_\_\_\_ Participant Weight (pounds) \_\_\_\_\_

Age of Participant (as of July 1, 2010)

- |                                |                                 |                                 |                                 |                                    |                                    |
|--------------------------------|---------------------------------|---------------------------------|---------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Age 5 | <input type="checkbox"/> Age 8  | <input type="checkbox"/> Age 11 | <input type="checkbox"/> Age 14 | <input type="checkbox"/> Age 17    | <input type="checkbox"/> Age 35-44 |
| <input type="checkbox"/> Age 6 | <input type="checkbox"/> Age 9  | <input type="checkbox"/> Age 12 | <input type="checkbox"/> Age 15 | <input type="checkbox"/> Age 18    | <input type="checkbox"/> Age 45+   |
| <input type="checkbox"/> Age 7 | <input type="checkbox"/> Age 10 | <input type="checkbox"/> Age 13 | <input type="checkbox"/> Age 16 | <input type="checkbox"/> Age 19-34 |                                    |

Events (check all that apply)

- |                   |                              |                             |
|-------------------|------------------------------|-----------------------------|
| Kata (forms)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kumite (sparring) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kobudo (weapons)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| WKF (sparring)    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (advanced only – age 13 and older)*

Experience Level (check one)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Beginner (less than 1 year – white belt)     |
| <input type="checkbox"/> | Novice (1-2 years – green belt)              |
| <input type="checkbox"/> | Intermediate (2-4 years – brown belt)        |
| <input type="checkbox"/> | Advanced (greater than 4 years – black belt) |

**PLEASE SEE REVERSE SIDE**

**DISTRICT CHAMPIONSHIP ATTENDED (Check One)**

- Adirondack**    **Connecticut**    **New York Metropolitan**    **New Jersey AAU Districts**    **Other\***

\* If you have not attended one of the above District Championships Check "Other."

**MEDICAL INFORMATION**

- Check one    I have no medical problems.  
 I have medical problems, but I am able to compete. (Please describe medical problem(s) below or attach a doctor's note.)

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the Amateur Athletic Union of the United States and all of its officers, referees, judges, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury I may sustain by way of traveling to and from, participating in, or other direct or indirect involvement in the AAU Karate Tournament that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the AAU Karate Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of myself.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(if participant is under 18 years of age)



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**Albany High School  
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## **TEAM REGISTRATION**

**The fee for each team Early Registration \$30.00 Before May 7, 2010.**

**Late Registration fee will be \$45 May 8 - 14, 2010.**

**This form must be returned to PO Box 2365 Albany, NY 12220**

**with payment no later than May 14, 2010.**

**Checks or Money Order need to be made out to AC-TKO**

### **CATEGORY**

Kata (\$30.00 per team)       Kumite (\$30.00 per team)       Kobudo (\$30.00 per team)

Dojo Name \_\_\_\_\_ Sensei's Name \_\_\_\_\_

Team Name \_\_\_\_\_

Highest Experience Level       Novice (0-2 years)       Advanced (2 or more years)

### **TEAM MEMBER #1**

#### **PLEASE PRINT**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Gender:  Male  Female      Weight: \_\_\_\_\_ lbs      Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_\_  
(Month/ day/ year)      (As of 7-1-10)

Email \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_



**Adirondack**    **Connecticut**    **New York Metropolitan**    **New Jersey AAU Districts**    **Other\***

\* If you have not attended one of the above District Championships Check "Other."

**MEDICAL INFORMATION**

**Team Member #1**

Check one       I have no medical problems.  
 I have medical problems, but I am able to compete. (Please describe medical problem(s) here or attach a doctor's note.)

**Team Member #2**

Check one       I have no medical problems.  
 I have medical problems, but I am able to compete. (Please describe medical problem(s) here or attach a doctor's note.)

**Team Member #3**

Check one       I have no medical problems.  
 I have medical problems, but I am able to compete. (Please describe medical problem(s) here or attach a doctor's note.)

I hereby for myself, my executor(s), my heirs, forever and always agree to save and hold harmless the Amateur Athletic Union of the United States and all of its officers, referees, judges, volunteers, workers, members, tournament director, tournament promoter, tournament employees, the facility owners, their respective officers, agents, successors, and anyone else involved in the conduct of this karate tournament for any liability or injury I may sustain by way of traveling to and from, participating in, or other direct or indirect involvement in the AAU Karate Tournament that I have entered. In addition, I hereby for now and forever, accept any and all responsibilities for any actions in conjunction with the AAU Karate Tournament and the traveling to or from or participating in said event. Finally, I agree to allow, without compensation, the use of any photographs, films, or videotape of myself.

**Team Member #1**

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 (if participant is under 18 years of age)

**Team Member #2**

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 (if participant is under 18 years of age)

**Team Member #3**

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_  
 (if participant is under 18 years of age)