

Chin Woo Athletic Association of New Zealand

Application for the 11th Annual Wushu Competition

Sunday 19 October 2014

Mount Albert Grammar School Main Gym, Alberton Ave, Mt Albert, Auckland

Applications must be received by **26 September 2014** and mailed to:

'Chin Woo New Zealand - Competition' - PO Box 6971, Wellesley Street, Auckland 1141, New Zealand

A. Competitor Details - please print and tick (✓) appropriate boxes

First Name			
Family Name			
CWNZ Membership Number (if any)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Contact Email Address			
Contact Phone Number			
Emergency Contact Phone Number			
Name of Club/School			
Name of Instructor			

Age Group - tick (✓) ONE only

<input type="checkbox"/> Child Division 1 8 years old or under	<input type="checkbox"/> Child Division 2 9 - 11 years old	<input type="checkbox"/> Youth Division 12 - 17 years old	<input type="checkbox"/> Adult Division 18 years old & over
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Category - tick (✓) ONE only

<input type="checkbox"/> Training for less than one year	<input type="checkbox"/> Training for one year or more
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B. International Wu Shu Competition Forms, Optional Routine & Dual Events Category

Barehand Routines - tick (✓) ONE only

<input type="checkbox"/> <i>Five Stance Fist</i>	<input type="checkbox"/> <i>Changquan</i>	<input type="checkbox"/> <i>Namquan</i>	<input type="checkbox"/> <i>42 Step Taiji Jian</i>
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Short Weapon Routines - tick (✓) ONE only

<input type="checkbox"/> <i>Daoshu</i>	<input type="checkbox"/> <i>Jianshu</i>	<input type="checkbox"/> <i>Nandao</i>	<input type="checkbox"/> <i>42 Step Taiji Jian</i>
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Long Weapon Routines - tick (✓) ONE only

<input type="checkbox"/> <i>Gunshu</i>	<input type="checkbox"/> <i>Qiangshu</i>
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Dual Events - Competitors may enter in both categories

<input type="checkbox"/> Barehand Routine Name: _____ Name: _____	<input type="checkbox"/> Weapon Routine Name: _____ Name: _____
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C. Traditional Form Categories - Competitors may enter in both categories

<input type="checkbox"/> Traditional Barehand Routine Specify: _____	<input type="checkbox"/> Traditional Weapons Routine Specify: _____
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D. Chin Woo Competition Routines

Only Chin Woo members may participate in these events. Members who have trained for less than one year can only enter in Tan Tui, Gong Li Quan, and Qun Yang Gun.

Barehand Routines

<input type="checkbox"/> <i>Tan Tui</i> (Section 1 - 6)	<input type="checkbox"/> <i>Gong Li Quan</i>	<input type="checkbox"/> <i>Jie Quan</i>
<input type="checkbox"/> <i>Tan Tui</i> (Section 7 - 12)	<input type="checkbox"/> <i>Shi Zi Zhan</i>	<input type="checkbox"/> <i>Mi Zong Toulu Quan</i>

Short Weapons

<input type="checkbox"/> <i>Ba Gua Dao</i>	<input type="checkbox"/> <i>Xue Pian Dao</i>
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Long Weapons

<input type="checkbox"/> <i>Qun Yang Gun</i>	<input type="checkbox"/> <i>Wu Hu Qiang</i>
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E. Registration Fees

Cheques should be made to: Chin Woo Athletic Association of New Zealand

Registration fees tick (✓) ONE only

<i>How many events are you participating in?</i>	<input type="checkbox"/> one or two \$15.00 <input type="checkbox"/> three \$20.00 <input type="checkbox"/> four \$25.00
Amount enclosed	\$ _____

F. Please read and following and sign below:

Disclaimer:

- 1) I assume all responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I waive all claims against the promoters, or operators, or sponsors of said Martial Arts Competition, individually or otherwise for any claim for injuries that I may sustain.
- 2) I consent that I am in good health, and fully understand that any medical treatment given me will be of first aid type only. I understand that I am responsible for arranging my own health insurance cover.
- 3) I consent that any pictures or video material furnished by me or any pictures or video material taken of me in connection with the Competition can be used for publicity, promotion, or television show, and I waive compensation in regards thereto.

I have read and understood the rules and regulations for this event and agree to obey them.

Signed: _____ **Date:** ___/___/___ **Parent/Guardian:** _____
Competitor *day/month/year* *(If under 18 years of age)*