



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:	Early Registration April 1 - May 7, 2010	Individual	\$60.00
		Team	\$30.00
	Late Registration May 8 - May 14, 2010	Individual	\$80.00
		Team	\$45.00

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 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	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	19-34	WKF	Advanced

TEAM COMPETITION

9:00AM	5-8	TEAMS
	9-12	TEAMS
	19-34	TEAMS

INDIVIDUAL YOUTH COMPETITION

9:45AM	5	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	6	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	7	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	8	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	9	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	10	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	11	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced
	12	Kata-Kobudo-Kumite	Beg., Nov., Int. & Advanced

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!



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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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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.

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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 (____) _____

Address _____
City _____ State _____ Zip Code _____
AAU Number _____

TEAM MEMBER #2

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 (____) _____
Address _____
City _____ State _____ Zip Code _____
AAU Number _____

TEAM MEMBER #3

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 (____) _____
Address _____
City _____ State _____ Zip Code _____
AAU Number _____

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

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)