

ALL INDIA



KARATE CHAMPIONSHIP

Date :

15 th August, 2024

Team Registrations

KAI Judge & Referee Seminar,
Coach License Workshop

&

KAI Black Belt Exam



Date of Events : 16,17,18 AUGUST, 2024

**HARYANA OLYMPIC BHAVAN, PANCHKULA
(HARYANA)**

KHELEGA INDIA TABHI TO BADHEGA INDIA

Call for further assistance : +91- 99120 00014/ 98311 25660

Dear All,

It's a great pleasure to inform you that **Karate Association of India** is going to organize official event of "**KAI- ALL INDIA KARATE CHAMPIONSHIP-2024**" On dated **15th, 16th, 17th & 18th August, 2024** at **Olympic Bhawan, Panchkula, Haryana**.

We are pleased to invite all respective State Units of KAI to participate in this official event.

Aim of KAI is to officially promote Karate in India. So it will be official event for all KAI approved affiliated state units. We assure you of fair judgement & healthy atmosphere. Our Karate Association of India is a non-commercial and totally devoted to Sports Karate and development of mankind. We welcome to All competitors, coaches, referees, officials & volunteers for participation in this prestigious event..

Last date of Team Registration is 20th July, 2024.

Note : Only Lunch will be provided on date of Events. Accommodation will be self arranged as per your best.

SCHEDULE

Date : 15th August, 2024

Team Registrations	: 01:00 pm to 06:00 pm
KAI Judge & Referee Seminar and Coach License Workshop	: Reporting 12:00 noon
KAI Black Belt Exam	: Reporting 3:00 pm

Date : 16th August, 2024

Sub Junior & Youth (KATA & KUMITE EVENTS)

Assembly & Briefing	: 07:30 am
All Kata Events	: 08:00 am to 10:30 am
Kumite Events (Session-1)	: 10:30 am to 12:30 pm
Opening Ceremony	: 12:30 pm to 2:30 pm
Kumite Events (Session-2)	: 02:30 pm to 07:30 pm

Date : 17th August, 2024

Cadet & Junior (KATA & KUMITE EVENTS)

Assembly & Briefing	: 07:30 am
All Kata Events	: 08:00 am to 11:00 am
All Kumite Events	: 11:00 am to 07:00 pm

Date : 18th August, 2024

U-21 & Senior (KATA & KUMITE EVENTS)

Assembly & Briefing	: 07:30 am
All Kata Events	: 08:00 am to 11:00 am
All Kumite Events	: 11:00 am to 07:00 pm

Rules & Regulations :

- Championship will be conducted by the new rules of KAI with the qualified Referees AKF & KAI.
- Players of below 18 Years of age will be in Junior group and they are necessary to bring Birth Certificate.
- Groin Guard, Gum Shield, Clean Karate-Gi and only KAI Approved equipments - Chest Guard, Red & Blue : Belts, Gloves & Shin Pads are compulsory to carry with you.
- The decision of the Judges & Referees will be final within the arena and only Video Review will be entertain.
- For the video Review, Coach should have own mobile. Tatami Manger & only Auth. Jury can give their decision on the video Review. Their decision will be finalized.
- In case, protest appeal will be raised, the protest fee of rs. 5000/- will be applicable.
- All Competitors must be in the auditorium at least 45 min. before competition time.
- Only one player in each category will take participation from the state.
- No fee refunds for any circumstances.
- In case of any Injury/ mis happening, Organizer or organizing committee will not be responsible for this. Only First-Aid Medical treatment will be provided nature only.
- If any player or a coach misbehave with the Judge/ Referee or any Jury Members, their whole team might be disqualified.

All events will be done as per the event schedule. In case any participant miss his/ her event, technical committee will not be responsible and his/ her name will be canceled on that particular event.



15 th August, 2024

**KAI Judge & Referee Seminar
and Coach License Workshop
(12:30 pm to 5:30 pm)**



**KAI Black Belt
Exam
(3:00 pm to 6:00 pm)**



OFFICIAL AGE & WEIGHT CATEGORIES FOR NATIONAL

Sub Jr. Boys & Girls Under 12 Years (8 to 11 Yrs) Categories

Individual Kumite : Female & Male

8 & 9 Years : -20Kg, -25Kg, +25 Kg

10 & 11 Years : -25Kg, -30Kg, +30Kg

Individual Kata : Female & Male

8 & 9 Years

10 & 11 Years

YOUTH Boys & Girls Under 14 Years (12 & 13 Yrs) Categories

Sub Junior Boys Individual Kumite :

Under 14 Years (12 & 13 Years)

-40kg, -45kg, -50kg, -55kg +55kg

Sub Junior Girls Individual Kumite :

Under 14 Years (12 & 13 Years)

-42kg, -47kg, -52kg, +52kg

Individual Kata :

Female & Male

Youth KTA Under

14 Years

(12 to <14 Years)

Cadet Boys & Girls (14 & 15 Yrs) Categories

Individual Kumite :

Female: -47kg, -54kg, -61kg, +61kg

Male: -52kg, -57kg, -63kg, -70kg, +70kg

Individual Cadet Kata Event: Male & Female (14 - <16 Years)

Junior Boys & Girls (Age 16 & 17 Yrs) Categories

Individual Kumite :

Female: -48kg, -53kg, -59kg, -66kg, +66kg

Male: -55kg, -61kg, -68kg, -76kg, +76kg

Individual Junior Kata Event : Female & Male (16 - <18 Years)

Under 21years (Age 18, 19, 20 Yrs)

Individual Kumite :

Female: -50kg, -55kg, -61kg, -68kg, +68kg

Male: -60kg, -67kg, -75kg, -84kg, +84kg

Kata Event : Female & Male (18- >21 Years)

Senior Men & Women (Age 18+ Yrs)

Individual Kumite :

Female: -50kg, -55kg, -61kg, -68kg, +68kg

Male: -60kg, -67kg, -75kg, -84kg, +84kg

Sr. Kata Event : Female & Male (16+ Years)

All Team Categories

14 - <17 Yrs Cadet & Junior Male & Female - Team Kata

16+ Yrs Senior Male & Female - Team Kata

Senior 18+ / Under 21Years Male Team Kumite (5+2) / Senior 18+ / Under 21 Years Female Team Kumite (3+1)

Note : Age will be calculated as on the date of championship. Please Note that to prevent Age Fraud, actual & authentic Date of Birth should be registered and every athlete must carry the valid age proof during the course of the championship.



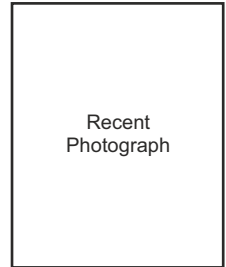
KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

Organized By : Karate Association of India (NF)

Date : 16th, 17th & 18th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana

Consent/ Indemnity Form



Name Of The Participant _____

Address _____

State _____ Sex _____ Date of Birth _____ Age _____ Weight _____

Name of State. Association _____

Name of State President/ Secretary _____ & Contact No. _____

Please tick (✓) mark in which you are participating :

Kumite Kata Team Kata Team Kumite

I _____ am aware that karate is a contact sport and that injuries may occur in the course of participation. I am also aware that the term "Injuries" include injuries of every description including temporary disablement, permanent disablement as also loss of life.

I authorized and consent to being rendered all medical treatment, incase of any injury / accident during journey / travel / competition/ practice/ stay by the Karate Association of India & those associated with KAI. I agree to reimburse the cost of such medical treatment and any other incidental expenses so incurred.

I state that I am participating in the above championship at my own risk and responsibility as to the cost & consequences and that I have read and understood the aforesaid and I have signed this consent form of my free will.

Signature Of Contestant _____

Sign with Stamp State President/ Secretary

For participant under 18 years only :

I, _____ the undersigned, parent/ legal guardian of _____ am aware that karate is a contact sport and that injuries may occur in the course of participation. I am also aware that the term "Injuries" include injuries of every description including temporary disablement, permanent disablement as also loss of life.

I state that my ward is participating in the above championship at my own risk and responsibility as to the cost & consequences and that I have read and understood the aforesaid and I have signed this consent form of my free will.

Date _____

Witness 1 _____

Signature Of Parent/ Guardian _____

Witness 2 _____

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KUMITE ENTRY FORM

S.NO.	Name of Athlete	Sex	D_O_B	Age	Weight	Kumite Event Category
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total No. Of Participants : _____

Total Fee : Rs. _____

President/ Secretary Signature with Stamp

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

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Date : 16th, 17th & 18th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana

KATA ENTRY FORM

S.NO.	Name of Athlete	Sex	D_O_B	Age	KATA Event Category
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total No. Of Participants : _____ Total Fee : Rs. _____

President/ Secretary Signature with Stamp

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

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Date : 16th, 17th & 18th August, 2024

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TEAM KATA ENTRY FORM

Category	S.No.	Name of Athlete
14- <17 Years Cadet Boys KATA	1	
	2	
	3	
14- <17 Years Cadet Girls KATA	1	
	2	
	3	
16+ Years Cadet Male KATA	1	
	2	
	3	
16+ Years Cadet Female KATA	1	
	2	
	3	

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total Kata Team Events : _____

Total Fee : Rs. _____

President/ Secretary Signature with Stamp

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

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Date : 16th, 17th & 18th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana

TEAM KUMITE ENTRY FORM

Category	S.No.	Name of Athlete
U-21 Years Male Kumite	1	
	2	
	3	
	4	
	5	
	6	
	7	
U-21 Years Female Kumite	1	
	2	
	3	
	4	
18+ Years Men's Kumite	1	
	2	
	3	
	4	
	5	
	6	
	7	
18+ Years Women's Kumite	1	
	2	
	3	
	4	

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total Kumite Team Events : _____ Total Fee : Rs. _____

President/ Secretary Signature with Stamp

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Date : 16th, 17th & 18th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana

Fee Details :

State : _____

Name of State Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

No. of Single Events : _____ Total Single Events Fee : _____

No. of Additional Events : _____ Total Additional Events Fee : _____

No. of Team Kata Events : _____ Total Team Kata Events Fee : _____

No. of Team Kumite Events : _____ Total Team Kumite Events Fee : _____

Grand Total Fee : Rs. _____

Fee in Words : _____

- for Office Use Only

Total Amount Received : _____

Mode of Payment : _____

President/ Secretary Signature with Stamp

Auth. Signatory- KAI



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Date : 16th, 17th & 18th August, 2024 Venue : Olympic Bhawan, Panchkula, Haryana

Fee Receipt

State : _____

Date : _____

Total Amount Received _____ Amount in words _____

Mode of Payment _____

Auth. Signatory- KAI

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

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Date : 15th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana

KAI- Judge/ Referee Seminar & Exam

S.No.	Name of Participant	Current Judge/ Referee "Garde"	Applied for Seminar/ Exam	Applied For KAI- Examination	Fee
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

State : _____

Name of State Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total Seminar Participants _____

Total Participants for Exam _____ Total Fee _____ President/ Secretary Signature with Stamp

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

Organized By : Karate Association of India (NF)

Date : 15th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana



KAI- Coach License Workshop

S.No.	Name of Participant	Applied For Coach License	Fee
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total No. of Participants _____

Total Fee _____

President/ Secretary Signature with Stamp

KAI- ALL INDIA KARATE CHAMPIONSHIP 2024

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Date : 15th August, 2024

Venue : Olympic Bhawan, Panchkula, Haryana



KAI- Black Belt Examination

S.No.	Name of Participant	Name of Karate Style (Shotokan/ Shito-Ryu/Goju-Ryu/Wado-Ryu)	Current Grade	Applied For	Fee
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

State : _____

Name of State. Association : _____

Name of State President _____ & Secretary _____

Contact No. : _____ Email : _____

Total No. of Participants _____

Total Fee _____

President/ Secretary Signature with Stamp