

**BUSHIKEN KARATE WARRIORS CHALLENGE**  
**Hosted by Shihan Mike Skinner**  
**Highland High School 320 Pancake Hollow Rd. Highland, NY 12528**  
**SEMI-KNOCKDOWN/KATA/WEAPONS APPLICATION FORM**  
**START: 10:00 am. WEIGH-IN : 18 years and up starts 9:00 am**

All competitors must fill out this application completely. KNOW YOUR DIVISION NUMBER(S) and indicate them in the appropriate boxes below. Failure of any competitor to be at the appropriate ring at the correct time for the start of each event shall result in the disqualification of the competitor for said event. Note: Divisions may be changed at tournament director's discretion.

NAME: \_\_\_\_\_ STYLE: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOJO/LOCATION: \_\_\_\_\_

RANK(Kyu #): \_\_\_\_\_ INSTRUCTOR'S NAME: \_\_\_\_\_  
(for styles other than Bushiken Karate use conversion chart)

Please indicate the appropriate Division Number (listed in EVENTS/RUNNING ORDER sheet) for your event in the appropriate box.

**Semi-knockdown division #**

**Kata division #**

**Weapons division #**

***It is mandatory that all fighters provide their own shin guards with instep, white knuckle pads, headgear, mouth piece and groin cup. Women must wear a chest protector. Under 18 must have full face protection.***  
***No wrapped-type gloves; only white hand guards allowed.***

**POSTMARKED ON OR PRIOR TO October 28th 2025**  
**EARLY ENTRY FEE \$60, \$5 FOR EACH ADDITIONAL EVENT**

**POSTMARKED AFTER October 28th 2025**  
**ENTRY FEE \$70, \$5 FOR EACH ADDITIONAL EVENT**

**CASH ONLY ON November 8th 2025**

Enclosed herewith, please find the appropriate entry fee. Please enter me in the Bushiken Karate Tournament

**Make your checks payable to Mike Skinner or Venmo@ Shihan-Skinner.** Your entry fee pays for your admission only. **NO REFUNDS.** All applications should be mailed to: Shihan Mike Skinner 135 Station Road New Paltz, NY 12561. For more information, please call: 845-264-0995.

NAME: \_\_\_\_\_ STYLE: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOJO/LOCATION: \_\_\_\_\_

RANK(Kyu #): \_\_\_\_\_ INSTRUCTOR'S NAME: \_\_\_\_\_

Please indicate the appropriate Division Number (listed in EVENTS/RUNNING ORDER sheet) for your event in the appropriate box.

**Semi-knockdown division #**

**Kata division #**

**Weapons division #**

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the Bushiken Warriors Challenge at Highland High School 320 Pancake Hollow Rd Highland, NY 12528 on November 8th, 2025. I hereby agree to indemnify and hold harmless Bushiken Karate, Oyama Karate Dojo LLC, Shihan Mike Skinner, their agents or employees, and my fellow participants from and against all liability, loss, damage, cost and expense, including court and litigation costs and attorneys' fees of whatever nature or type that I may herein after suffer, incur, pay or become obligated to pay by reason of any injury sustained or incurred by me as a result of my participation in the karate tournament. I hereby acknowledge that I am aware of and I understand that the karate tournament will necessitate me fighting with and against other combatants who will be trying to hurt me and that each fight in which I participate is potentially extremely dangerous. In fact, every fight may be harmful or cause injury to my health. I further understand that I will probably be harmed or injured during this karate tournament as a result of my voluntary participation in the fights. Hence, it is my wish to indemnify Bushiken Karate, their agents or employees, and my fellow participants if I am injured as a result of my participation in the karate tournament. I know the risks that I am taking and voluntarily agree and consent to assume those risks. **I fully understand that any treatment given to me, as a response to any possible injury, will be of the first aid type only. I consent that any reproductions of my likeness, created in any manner whatsoever, furnished by me, or any reproductions of my likeness taken of me in connection with the karate tournament can be used for publicity, promotion, television showing or instruction, and waive any and all compensation in regard** I understand that the money given to Bushiken Karate will not be refunded unless, and only if the tournament is canceled.

**My signature on this application is a knowing representation that I have fully read, understand and agree to the terms contained herein, and upon which I intend for the parties named above to rely. If under 18, this release and consent must be signed by a parent/guardian.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian signature if under 18

\_\_\_\_\_  
date