

YOU'RE INVITED

TO THE



1ST OPEN TRADITIONAL

**KARATE & KOBUDO
CHAMPIONSHIPS**

JOIN US!!!!!!!

WHERE:

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

WHEN:

SEPTEMBER 22ND, 2001

The competition will be conducted under the
NEW RULES OF THE WORLD KARATE FEDERATION
(free download at www.wkf.net).

☞☞ A clinic on the new rules will be held at 9:00 am – 5pm on **September 8 & 9th** at the **Pinetree Recreation Centre, Coquitlam.**

☞☞ *These rules will most likely be used for Karate in the Olympics.*

☞☞ There will also be a rules orientation at 6pm, Friday September 21st at the Radisson Hotel, Burnaby.

Divisions for all ages and ranks included.

Gold, Silver and Bronze medals will be awarded for 1st through 4th places.

Entry fee is \$15 for juniors (18yrs & under) and \$20 for adults per event.

TOURNAMENT HOTEL IS:

RADISSON HOTEL BURNABY (VILLA)

4331 DOMINION STREET, BURNABY, BC ~ 604-430-2828

\$89 Cdn single/double ~ or ~ \$99 Cdn triple/quad

WKF RULES SYNOPSIS

SCORING:

- A. Sanbon Three points**
- B. Nihon Two points**
- C. Ippon One point**

A score is awarded based on the following: good form, sporting attitude, vigorous application, awareness (Zanshin), good timing, correct distance

Sanbon awarded for:

- a. Jodan (face) kicks
- b. throwing or sweeping opponent to mat followed by a scoring technique

Nihon awarded for

- a. Chudan (body) kicks
- b. punches to the back
- c. combination hand techniques
- d. unbalancing opponent and scoring

Ippon is awarded for

- a. punches to face or body
- b. uchi (strikes)

Scoring areas are: head, face, neck, abdomen, chest, back, side

Bouts are 3 minutes for Senior male and 2 minutes for Females & Juniors

Face contact: For senior and juniors (18 – 20yrs) light, controlled (touch) contact to the face, head and neck (not the throat) is allowed. Where excessive contact is determined a warning (chukoku) may be given. A second contact will be penalized by KEIKOKU and IPPON (one point) given to opponent. A third offence will result in opponent being awarded NIHON (two points). A further offence will result in Hansoku (disqualification).

For cadets (17yrs & under) Points will not be awarded should the glove touch the target. Kicks to the head are allowed to make a light (skin touch)

Jogai (OUT OF BOUNDS) four times out of bounds results in disqualification.

NOTE:

CONTESTANTS MAY BE PENALIZED FOR INCORRECT ACTIONS, WORDS, OR ATTITUDES EXPRESSED BY THEMSELVES OR THEIR COACHES OR NON-COMBATANT MEMBERS OF THEIR DELEGATION.

COMPLETE RULES MAY BE FOUND AT www.wkf.net

KARATE BC

2001 1ST OPEN KARATE KOBUDO CHAMPIONSHIPS

LOCATION: British Columbia Institute of Technology, 3700 Willingdon, Burnaby, BC

DATE: Saturday, September 22, 2001

TIME: 8:00 – 9:00 am **Event Confirmation & Weigh-in for all competitors**
9:00 am Competition begins with 8 & under Kata

It is not necessary to check in at the head table unless there is a problem with your registration.

FEES: Juniors: \$15.00 per event ~ Adults: \$20.00 per event

If paying by cheque, please submit just **one cheque**. Do not send separate cheques for each participant. Please make payable to Karate BC. Visa and MasterCard are now accepted. Please use attached form if using this method of payment. Incomplete registration forms (e.g. missing weights, age, etc.) may result in athlete(s) not being able to compete.

SAME DAY REGISTRATION - KATA ONLY: Juniors: \$30.00 ~ Adults: \$40.00

Same-day registration for Kata events (including Weapons Kata) must be completed Saturday morning prior to start of competition. No same-day Kata registration will be accepted after this time.

*** SAME-DAY REGISTRATION WILL NOT BE PERMITTED FOR KUMITE ***

DEADLINE: Registration and fees (includes GST) are due at Karate BC by
September 14, 2001.

Registrations will be accepted by fax or e-mail.

After September 14, entries will be accepted for Kata only at same-day fees. This should enable us to schedule the day better & to ensure there is ample time to enter the athletes in their appropriate division so the draws can be posted at the venue as early as possible. With your cooperation, the draws will be ready on time and the competition will run smoothly.

KIHON IPPON REGULATIONS:

All white belts, and any yellow belts who wish to, may compete in Kihon Ippon. Please refer to the Karate BC Policy Manual for a description of Kihon Ippon Kumite.

FREE SPARRING REGULATIONS:

All karate-ka who are Yellow or higher may compete in free sparring. The following table shows the kyu levels for each belt for different styles.

DIVISIONS	CHITO/SHITO	GIMA-HA	WADO	GOJU	SHOTOKAN
Novice	6-5	10-7	8-7	10-8	9
Intermediate	4-3	6-4	6-4	7-4	8-4
Advanced	2-1	3-1	3-1	3-1	3-1
Black	All Dans	All Dans	All Dans	All Dans	All Dans

WEAPONS KATA:

Separate Junior and Adult Colored Belt and Black Belt divisions have been set up for registration. These may be combined to accommodate registration numbers.

EQUIPMENT:

Please be advised that wearing cups and fitted mouth guards are mandatory for kumite athletes.

ENCLOSURES:

☞☞ List of event codes

☞☞ Medical Form (please make copies if necessary)

- A completed medical form must be returned for each kumite competitor

☞☞ Registration form (please make copies if necessary)

- Be sure to PRINT CLEARLY or TYPE
- If we can't read the information, we can't enter the athlete!
- Weight must be recorded for all kumite competitors (use kg wherever possible)
- Please indicate both belt and kyu on the form

?? Karate BC reserves the right to combine, subdivide or cancel any event.

?? Errors on your registration form may mean that an athlete does not get to compete so please be accurate. Don't guess!

?? **KARATE BC IS NOT REQUIRED TO MAKE ANY REGISTRATION CHANGES AT THE TOURNAMENT!**

?? Athletes are required to confirm their events with the posted draw sheets and report any discrepancies to the 'Help Desk' prior to competition.

JUNIOR EVENT CODES

Age Event # Division

GIRL'S KATA

8 & under	G1	all belts
9-10	G2	Novice
	G3	Intermediate
	G4	Advanced/Black
11-12	G5	Novice
	G6	Intermediate
	G7	Advanced/Black
13	G8	Novice
	G9	Intermediate
	G10	Advanced/Black
14-15	G11	Novice
	G12	Intermediate
	G13	Advanced/Black
16-17	G14	Novice
	G15	Intermediate
	G16	Advanced/Black

GIRL'S KUMITE

9 & under	G17	Kihon Ippon
10-12	G18	Novice: Kihon Ippon
	G19	Intermediate & up, Free Sparring (yellow & orange upon discretion of instructor)
13	G20	Novice: Kihon Ippon
	G21	Intermediate -47 kg, 103 lbs
	G22	Intermediate +47 kg, 104 lbs
	G23	Advanced/Black -47 kg, 103 lbs
	G24	Advanced/Black +47 kg, 104 lbs
14-15	G25	Novice: Kihon Ippon
	G26	Intermediate -50 kg, 110 lbs
	G27	Intermediate +50 kg, 111 lbs
	G28	Advanced/Black -40 kg, 88 lbs
	G29a	Advanced/Black -50 kg, 110 lbs
	G29b	Advanced/Black +50, 111 lbs
16-17	G30	Novice: Kihon Ippon
	G31	Intermediate -53 kg, 117 lbs
	G32	Intermediate +53 kg, 118 lbs
	G33	Advanced/Black -53 kg, 117 lbs
	G34a	Advanced/Black -60 kg, 132 lbs
	G34b	Advanced/Black +60 kg, 133 lbs

WEAPONS

- 17 & under** GB1 Weapons-Novice to Intermediate (Girls & Boys)
17 & under GB2 Weapons-Advanced & Black Belts (Girls & Boys)

Age Event # Division

BOY'S KATA

8 & under	B1	all belts
9-10	B2	Novice
	B3	Intermediate
	B4	Advanced/Black
11-12	B5	Novice
	B6	Intermediate
	B7	Advanced/Black
13	B8	Novice
	B9	Intermediate
	B10	Advanced/Black
14-15	B11	Novice
	B12	Intermediate
	B13	Advanced/Black
16-17	B14	Novice
	B15	Intermediate
	B16	Advanced/Black

BOY'S KUMITE

5-7	B17a	Kihon Ippon
8	B17b	Kihon Ippon
9	B17c	Kihon Ippon
10-12	B18	Novice: Kihon Ippon
	B19a)	Intermediate: Free Sparring (yellow & orange upon discretion of instructor)
	B19b)	Advanced/Black: Free Sparring
13	B20	Novice: Kihon Ippon
	B21	Intermediate -50 kg, 110 lbs
	B22	Intermediate +50 kg, 111 lbs
	B23	Advanced/Black -50 kg, 110 lbs
	B24	Advanced/Black +50 kg, 111 lbs
14-15	B25	Novice: Kihon Ippon
	B26	Intermediate -55 kg, 121 lbs
	B27	Intermediate +55 kg, 122 lbs
	B28	Advanced/Black -40 kg, 88 lbs
	B29a	Advanced/Black -50 kg, 110 lbs
	B29b	Advanced/Black +50kg, 111 lbs
16-17	B30	Novice: Kihon Ippon
	B31	Intermediate -60 kg, 132 lbs
	B32	Intermediate +60 kg, 133 lbs
	B33	Advanced/Black -60 kg, 132 lbs
	B34a	Advanced/Black -70 kg, 154 lbs
	B34b	Advanced/Black +70 kg, 155 lbs

ADULT EVENT CODES

Event #/Division

JUNIOR WOMEN'S KATA (18-20 YEARS)

JW1 Novice
JW2 Intermediate
JW3 Advanced/Black

WOMEN'S KATA

W1 Novice
W2 Intermediate
W3 Advanced/Black
W4 Masters Novice/Intermediate
W5 Masters Advanced/Black

JUNIOR WOMEN'S KUMITE (18-20 yrs)

JW4 Advanced/Black -53 kg, 117 lbs
JW5 Advanced/Black -60 kg, 132 lbs
JW6 Advanced/Black +60 kg, 133 lbs

WOMEN'S KUMITE

W6 Novice: Kihon Ippon
W7 Intermediate -55 kg, 116 lbs
W8 Intermediate +55 kg, 117 lbs
W9 Advanced -53 kg, 116 lbs
W10 Advanced -60 kg, 132 lbs
W11 Advanced +60 kg, 133 lbs
W12 Black -53 kg, 116 lbs
W13 Black -60 kg, 132 lbs
W14 Black +60 kg, 133 lbs
W15 Masters Novice/Intermediate:
Kihon Ippon
W16 Masters Advanced/Black
W17 Black Open

WEAPONS

MW1 Adult Novice to Advanced Weapons Kata (18 & over)
MW2 Adult Black Weapons Kata (18 & over)

Event #/Division

JUNIOR MEN'S KATA (18-20 YEARS)

JM1 Novice
JM2 Intermediate
JM3 Advanced/Black

MEN'S KATA

M1 Novice
M2 Intermediate
M3 Advanced
M4 Black
M5 Masters Novice/Intermediate
M6 Masters Advanced/Black

JUNIOR MEN'S KUMITE (18-20 yrs)

JM4 Advanced/Black -65 kg, 143 lbs
JM5 Advanced/Black -75 kg, 165 lbs
JM6 Advanced/Black +75 kg, 166 lbs

MEN'S KUMITE

M7 Novice: Kihon Ippon
M8 Intermediate -70 kg, 154 lbs
M9 Intermediate +70 kg, 155 lbs
M10 Advanced -70 kg, 154 lbs
M11 Advanced +70 kg, 155 lbs
M12 Black -60 kg, 132 lbs
M13 Black -65 kg, 143 lbs
M14 Black 65-70 kg, 144-154 lbs
M15 Black 70-75 kg, 155-165 lbs
M16 Black 75-80 kg, 166-176 lbs
M17 Black over 80 kg, 177 lbs
M18 Masters Novice/Intermediate:
Kihon Ippon
M19 Masters Advanced/Black
M20 Black Open

KARATE BC CREDIT CARD CHARGES

~ Please Print ~

Credit Card type: VISA MasterCard

Description of Charge: _____

Your Name: _____

Your Address: _____

Phone: (Residence) _____ (Business) _____

Name on Card: _____

Credit card number: _____

Expiration date: _____ / _____ Amount to be charged: \$ _____

Signature: _____

(same as card)

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For Office Use Only:

Date Processed \_\_\_\_\_    Authorization Number \_\_\_\_\_

Return to: #220-1367 West Broadway, Vancouver, V6H 4A9, tel: 604-737-3051, fax: 604-737-3159 or 737-6043

## **KARATE BC**

### **Note to Karate Competitors**

All Karate competitors are required to submit a medical report. This report shall be in two parts. Part A shall be a medical history questionnaire that each competitor shall complete. Part B shall be a medical examination report to be completed by a licensed physician, and is required of competitors who have significant health problems as related in Part A. If the answers to part A are all 'No', then part B need not be completed.

The medical report must be submitted at the time of registration for a tournament, to the tournament director, for review by the medical director.

The medical director will determine if a competitor is or is not medically fit to compete in Kumite. Please note that no medical examination report is required of Kata-only competitors.

All competitors should be aware of the following:

1. No tapes, splints or protective equipment may be worn during kumite matches without the approval of the tournament medical director. Exceptions are approved protectors, e.g., scrotal protectors, fist protectors, and shin pads. A mouth guard is compulsory for kumite competitors.
2. Approved safety sports glasses will be permitted. Athletes who compete in international competitions may not be permitted to use safety sports glasses, but may be required to use soft contact lenses pursuant to international rules. Regular eyeglasses are not allowed in Kumite.
3. If a competitor is injured during a match and is determined to be medically unable to continue that match, he may not compete in another match during the same tournament without first obtaining medical clearance from the tournament medical director.
4. Disqualification following an injury may result in either the injured competitor or his opponent being declared the winner. The circumstances under which the injury occurred will be considered by the referee and judges in deciding who is the winner.
5. In the interest of safety, all finger and toenails must be trimmed short.
6. No personal jewelry may be worn during kumite.
7. All competitors are advised to see their regular physician for follow-up medical examination of injuries suffered during the tournament. It should be noted that the full extent of some injuries might not manifest themselves until some time following the injury, e.g., abdominal injuries or head injuries. Hence, anyone who has continuing symptoms or who is concerned about an injury should consult his or her physician.

### **Acknowledgment and Release**

By his/her signature below, the Tournament Competitor ('Competitor') or Parent/Guardian if under 19, acknowledges that he/she has read the 'Note to Karate Competitors' above, and that the requisite information required in this form has been disclosed. The Competitor expressly confirms that he/she has disclosed all illnesses, injuries, ailments, symptoms, or medical conditions of any kind whatsoever suffered or sustained by the Competitor as requested in the Medical Examination Report. It is also understood that the Competitor will consult his/her physician for a physical examination should an examination be requested by the Tournament Medical Director.

Furthermore, the Competitor hereby releases Karate BC, its employees, agents, successors, assigns, directors or volunteers from any and all liabilities arising out of or connected with any loss, damage, injury or expense suffered or sustained by the Tournament Competitor as a consequence of or in connection with his/her participation in the Tournament Competition or any activity related thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ NKA Membership # \_\_\_\_\_

BLACK BELT INSTRUCTOR:

TOURNAMENT COMPETITOR:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SIGNATURE:

SIGNATURE: (of Parent/Guardian if under 19)

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
ADDRESS:

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# MEDICAL EXAMINATION REPORT

## PART A – TO BE COMPLETED BY ALL KUMITE COMPETITORS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

Club Affiliation \_\_\_\_\_ Rank: \_\_\_\_\_

NAME OF MEDICAL INSURANCE PLAN AND NUMBER (\*Must complete) \_\_\_\_\_

1. Have you any disease of the eyes? . . . . . Yes / No
2. Do you have a hearing loss? . . . . . Yes / No
3. Do you have fainting spells, blackouts or epilepsy? . . . . . Yes / No
4. Have you had a head injury within the past year? . . . . . Yes / No
5. Do you have bronchial asthma? List treatment below! . . . . . Yes / No
6. Do you have any active lung infection including TB? . . . . . Yes / No
7. Do you have any heart disease or high blood pressure? . . . . . Yes / No
8. Do you have an active kidney disease, infection or failure? . . . . . Yes / No
9. Do you have any loss of all or part of a limb? . . . . . Yes / No
10. Do you have decreased movement in any limb, joint or spine? . . . . . Yes / No
11. Do you have any muscle or joint disease? . . . . . Yes / No
12. Do you have diabetes? . . . . . Yes / No
13. Do you have hepatitis, AIDS/HIV, or any other blood borne disease? . . . . . Yes / No
14. Are you taking any medication? . . . . . Yes / No
15. Do you have allergies to any medications? . . . . . Yes / No
16. Have you had any recent operations, fractures or major illness? . . . . . Yes / No
17. Do you have any disease or disability not mentioned above? . . . . . Yes / No

If answer was "Yes" to any of above questions, give details and obtain medical clearance from physician to compete.

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I hereby declare that I have read the above information and that, to the best of my knowledge, it is complete and correct.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Competitor's Signature (if under 19 – parent or guardian)

MEDICAL EXAMINATION REPORT

## Part B – to be completed by examining physician

Name: \_\_\_\_\_

Weight: \_\_\_\_\_

Did you weigh?      Yes / No

Height: \_\_\_\_\_

Did you measure?      Yes / No

### Pertinent Medical History:

|                                                                                                         | Normal          | Abnormal   | Details of Positive Findings |
|---------------------------------------------------------------------------------------------------------|-----------------|------------|------------------------------|
| 1. Eyes (lids conjunctiva, cornea, pupils, fundi)                                                       |                 |            |                              |
| 2. Ears (auditory canals, tympanic membranes, patency of eustachian tubes)                              |                 |            |                              |
| 3. Nose, throat (airway, speech impediment, tonsils, etc)                                               |                 |            |                              |
| 4. Nervous system ( <b>Concussion sequelae</b> ; Tendon reflexes, tremors, gait)                        |                 |            |                              |
| 5. Respiratory system (Thorax, lung fields)                                                             |                 |            |                              |
| 6. Cardiovascular system (Heart size, rhythm, sounds, murmurs: peripheral circulation and varicosities) |                 |            |                              |
| 7. Gastro-intestinal system (abdominal scars, enlarged organs or hernia, hemorrhoids)                   |                 |            |                              |
| 8. Genito-urinary system (Varicocele, hydrocele, particularly with hernia)                              |                 |            |                              |
| 9. Locomotor system (amputations, deformities, restriction of movement of limbs or spine)               |                 |            |                              |
| 10. Lymphatic system and thyroid                                                                        |                 |            |                              |
| 11. Skin (including evidence of allergy)                                                                |                 |            |                              |
| 12. Blood pressure readings:                                                                            | 1 <sup>st</sup> | Additional |                              |
| s. _____                                                                                                |                 |            |                              |
| d. _____                                                                                                |                 |            |                              |

## VISUAL EXAMINATION

|           | a) Distant Vision | a) Near Vision   |
|-----------|-------------------|------------------|
| Right Eye | / corrected to /  | / corrected to / |
| Left Eye  | / corrected to /  | / corrected to / |
| Both Eyes | / corrected to /  | / corrected to / |

Examining physician's opinion:

The Karate student named above is medically \_\_\_\_fit / \_\_\_\_unfit to participate in competitive free sparring.

Examining physician's name and address (use rubber stamp if available)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

## Contra-Indications to Athletic Participation in Sports

| Contact Sports: Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo, Karate |                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                  | Absolute Contra-Indications                                                                                                                                                                                                                                                       | Relative Contra-Indications                                                                                                                                                                                                                                                                            |
| Neurological                                                                                                     | <ol style="list-style-type: none"> <li>1. Concussion with loss of consciousness-out of tournament</li> <li>2. Two concussions-out for the season</li> <li>3. Three concussions-out of contact sports</li> </ol>                                                                   | <ol style="list-style-type: none"> <li>1. Epilepsy (convulsions) if well controlled-no seizure one year-participation permitted</li> <li>2. A major convulsion after head injury without evidence of epilepsy-this is in concussion category: i.e. two convulsions-out for the season, etc.</li> </ol> |
| Eye                                                                                                              | <ol style="list-style-type: none"> <li>1. Blindness in one eye</li> <li>2. Recent intraocular operation</li> <li>3. Presence of intraocular lens</li> </ol>                                                                                                                       | <ol style="list-style-type: none"> <li>1. Retinal detachment-ophthalmological consultation mandatory</li> <li>2. Active eye infection, eg. Conjunctivis</li> <li>3. Defective lid closure</li> <li>4. Corneal anaesthesia</li> </ol>                                                                   |
| Respiratory                                                                                                      | <ol style="list-style-type: none"> <li>1. Any active lung infection including TB</li> </ol>                                                                                                                                                                                       | <ol style="list-style-type: none"> <li>1. Bronchial asthma-participate to tolerance</li> </ol>                                                                                                                                                                                                         |
| Cardio-vascular                                                                                                  | <ol style="list-style-type: none"> <li>1. Abnormal enlargement of the heart</li> <li>2. Heart murmurs recognized as               <ol style="list-style-type: none"> <li>a) mitral stenosis</li> <li>b) aortic stenosis</li> </ol> </li> <li>3. Infection in the heart</li> </ol> | <ol style="list-style-type: none"> <li>1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure)-investigate before participation</li> </ol>                                                                                                                                  |
| Endocrine                                                                                                        |                                                                                                                                                                                                                                                                                   | <ol style="list-style-type: none"> <li>1. Diabetes if poorly controlled</li> </ol>                                                                                                                                                                                                                     |
| Abdomen                                                                                                          | <ol style="list-style-type: none"> <li>1. Partially descended testis in position subject to injury</li> <li>2. Any enlarged major abdominal organ (liver, spleen, kidney)</li> </ol>                                                                                              | <ol style="list-style-type: none"> <li>1. Inguinal hernia (rupture)</li> </ol>                                                                                                                                                                                                                         |
| Genital Urinary System                                                                                           | <ol style="list-style-type: none"> <li>1. One kidney missing or seriously damaged</li> <li>2. Active kidney infection</li> </ol>                                                                                                                                                  | <ol style="list-style-type: none"> <li>1. One testicle missing</li> </ol>                                                                                                                                                                                                                              |
| Musculo Skeletal                                                                                                 | <ol style="list-style-type: none"> <li>1. Incomplete healing of wrist fracture</li> <li>2. Arthritis in the back (vertebrae column)</li> <li>3. Active hip disease</li> </ol>                                                                                                     | <ol style="list-style-type: none"> <li>1. Instability of knees</li> <li>2. Recurrent shoulder dislocation</li> <li>3. Osgood Schlatters if pain present on movement</li> <li>5. Amputees</li> <li>6.</li> </ol>                                                                                        |
| Hematological                                                                                                    | <ol style="list-style-type: none"> <li>1. Coagulation defects</li> </ol>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                        |

|      |  |                                                                                                                                                           |
|------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Skin |  | <ol style="list-style-type: none"><li>1. Active bacterial infection</li><li>2. Active herpes simplex (cold sores)</li><li>3. Severe cystic acne</li></ol> |
|------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

