

16th
Annual

SATO CUP

14 November 2015
Vancouver, Canada

BCIT, Sportsplex (Burnaby Campus)
3700 Willingdon Avenue

Presented by : Vancouver Shito-Ryu Seiko-Kai
Registration Deadline : 9 November 2015

Email : satocup@shitoryu.net

Web : www.shitoryu.net

Tel / Fax : 604.321.1815

Mailing Address : 6184 Ash Street
Vancouver, BC Canada. V57 3G9



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TOURNAMENT INFORMATION

Registration fees (Canadian funds):

Spectators: Adults: \$ 7.00 Youth (7-17): \$ 3.00 6 & under: Free

Competitors: **Pre-registered** **Late Registration**
(by 9 Nov. 2015) *(after 9 Nov. 2015)*

Adults (first two events) \$ 30.00 ea. event \$ 40.00 ea. event

Juniors (first two events) \$ 25.00 ea. event \$ 35.00 ea. event

Every subsequent event (third, fourth, etc.) \$ 5 ea.

Competitors may only compete at their own grade levels.

Non-KBC members from BC: \$10 per competitor

Make all cheques payable to: Shito-Ryu Seiko-Kai

Mailing Instructions: Send all cheques and registration forms to:
6184 Ash Street, Vancouver, BC V5Z 3G9
Phone/Fax: (604) 321-1815

Registration: Payment must be received with registration
by 9 November, 2015 to qualify for the pre-registration discount.
Registration forms received without fees will not be accepted at
the discount rate. **Tournament day registration will cut off at
9 am.** Registration after that time will not be accepted.

TOURNAMENT DETAILS:

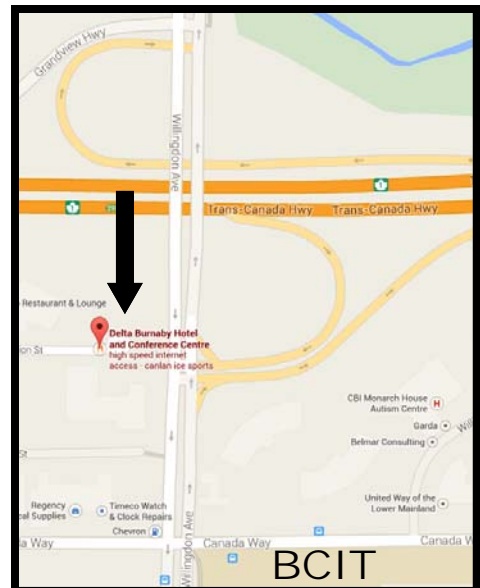
Location: BCIT Sportsplex
3700 Willingdon Ave.,
Burnaby, BC

Date: Saturday 14 November, 2015
Tournament Begins: 9:00 am

Tournament Schedule:

1. Kobudo (9am Sharp)
2. Kata (9:30)
3. Sato Cup Team Kumite (**Noon**)
4. Kumite (1:00 PM)

Note: Black and Colour Belts simultaneously!!



ACCOMMODATIONS - SHERATON VANCOUVER AIRPORT HOTEL
7551 Westminster Hwy, Richmond (888) 627-8291
Shuttle service available to tournament site

SATO SENSEI'S 45TH ANNIVERSARY OF KARATE IN CANADA
Information in latter pages of this package

TOURNAMENT INFORMATION/RULES (cont.)

REGULATIONS:

Safety Equipment:

All competitors involved in Kumite must have the following safety equipment:

- ◆ Fist protectors (preferred style is the new WKF version but cloth is acceptable)
- ◆ Mouth guard, groin guard (males)
- ◆ Black belt divisions (Elite) require red and blue: belts, shinguards, first protectors

Dress Code:

Competitors:

- ◆ Clean White Gi
- ◆ Pant and jacket cuffs cannot be rolled up
- ◆ Gi Pant length must cover at least two thirds of the shin
- ◆ Gi Jacket must cover the hip but not longer than three quarters thigh length
- ◆ Gi Jacket sleeves must be no longer than the bend of the wrist and no shorter than halfway down the forearm

Levels Reference:

The tournament director reserves the right to change or combine any divisions or tournament rules. Kumite at lower age groups will not be combined when physical size difference is a factor. Girls and boys divisions will not be combined.

Divisions	Chito/Shito (Kyu Levels)	Gima-Ha (Kyu Levels)	Wado (Kyu Levels)	Goju (Kyu Levels)	Shotokan (Kyu Levels)	
White-Yellow	6-5	10-7	8-7	10-8	9-8	NOVICE
Orange-Green	4-3	6-4	6-4	7-4	7-4	INTERMEDIATE
Blue-Brown	2-1	3-1	3-1	3-1	3-1	ADVANCED
Black	All Dans	All Dans	All Dans	All Dans	All Dans	

BLACK BELT DIVISIONS:

Kumite:

- ◆ **14-17 yrs:** 2 minute matches, **stop time;**
Yuko, Waza-ari and Ippon points awarded
- ◆ **Adult:** 3 minute (men), 2 minute (women) matches (no extended medal rounds)
Yuko, Waza-ari and Ippon points awarded
- ◆ **WKF rules with modifications, see RULES sheet attached**
- ◆ **Ensure that all competitors are aware of these rules prior to the tournament**
- ◆ **Sato Cup Team Kumite Event teams to be determined by Director; one team per province or state.** Coaches please consult with Director on the day of the tournament.

Kata:

- ◆ **WKF rules, see RULES sheet attached**
- ◆ Contestants must perform a different Kata in each round.

CHILDREN TO 13 YRS/COLOURED BELT/MASTERS DIVISIONS:

Kumite:

- ◆ 1.5 minute matches ; **stop time;**
- ◆ Single elimination
- ◆ Yuko, Waza-ari and Ippon points awarded
- ◆ Points awarded for penalties as per February 2014 KBC modifications
- ◆ Winner is first to reach 6 points

Kata:

- ◆ Flag System, single elimination
- ◆ No mandatory Kata required, White & Yellow belts may repeat katas, Orange belts must perform 2nd kata A/B/A/B

TOURNAMENT DIVISIONS

SATO CUP 2015

WEAPONS	
UNDER 16 YRS	1
16 YEARS & OVER	2

	KATA	KUMITE
7 YRS & UNDER (GIRLS)		
White - Yellow	3	45
Orange - Black	4	46
7 YRS & UNDER (BOYS)		
White - Yellow	5	47
Orange - Black	6	48
8-9 YRS (GIRLS)		
White - Yellow	7	49
Orange - Green	8	50
Blue - Black	9	51
8-9 YRS (BOYS)		
White - Yellow	10	52
Orange - Green	11	53
Blue - Black	12	54
10-11 YRS (GIRLS)		
White - Yellow	13	55
Orange - Green	14	56
Blue - Black	15	57
10-11 YRS (BOYS)		
White - Yellow	16	58
Orange - Green	17	59
Blue - Black	18	60
12-13 YRS (GIRLS)		
White - Yellow	19	61
Orange - Green	20	62
Blue - Black	21	
Blue - Black (-44 kg)		63
Blue - Black (+44 kg)		64
12-13 YRS (BOYS)		
White - Yellow	22	65
Orange - Green	23	66
Blue - Black	24	
Blue - Black (-44 kg)		67
Blue - Black (+44 kg)		68
14-15 YRS (GIRLS)		
White - Yellow	25	69
Orange - Green	26	70
Blue - Brown	27	71
Black	A	
Black (-47 kg)		I
Black (+47 kg)		J

	KATA	KUMITE
14-15 YRS (BOYS)		
White - Yellow	28	72
Orange - Green	29	73
Blue - Brown	30	74
Black	B	
Black (-52 kg)		K
Black (+52 kg)		L
16-17 YRS (GIRLS)		
White - Yellow	31	75
Orange - Green	32	76
Blue - Brown	33	77
Black	C	
Black (-53 kg)		M
Black (+53 kg)		N
16-17 YRS (BOYS)		
White - Yellow	34	78
Orange - Green	35	79
Blue - Brown	36	80
Black	D	
Black (-61 kg)		O
Black (+61 kg)		P
WOMEN		
White - Yellow	37	81
Orange - Green	38	82
Blue - Brown	39	83
Black	E	
Black (-61 kg)		Q
Black (+61 kg)		R
Black (open weight)		S
MEN		
White - Yellow	40	84
Orange - Green	41	85
Blue - Brown	42	86
Black	F	
Black (-67 kg)		T
Black (-84 kg)		U
Black (+84 kg)		V
Black (open weight)		W
MASTERS (40 YRS & UP)**		
Men White - Blue	43	87
Men Brown - Black	G	X
Women White - Blue	44	88
Women Brown - Black	H	Y

** Masters' Divisions will not be combined

DOJO REGISTRATION SUMMARY

SATO CUP 2015

Dojo Name: _____
 Instructor's Name: _____
 Address: _____
 Postal / Zip Code: _____ E-mail: _____

Style: _____
 Phone: _____

SURNAME	FIRST NAME	10P AGE	KATA EVENT	KUMITE EVENT	WEIGHT	LIABILITY WAIVER ATTACHED (Y/N)	MEDICAL REPORT ATTACHED (Y/N)	TOTAL

Competitor insurance coverage:
 Non-Karate BC members) out of province: \$1 per competitor (mandatory fee)
 Non-KBC members from BC: \$10 per competitor

\$1 x _____ \$
 \$10 x _____ \$
TOTAL FEES DUE **\$**

Cheques Payable: Shitoryu Karate

SATO CUP 2015 Officials and Volunteers Sign-Up
****officials and volunteers win prizes every year!!**

Officials

Name	Certification	Telephone	E-mail	Comments

Please note, we gladly invite anyone with officiating experience, regardless of certification.
Please refer questions to Andreas Kuntze at: satocup@shitoyu.net

ACCOMMODATIONS:

SHERATON VANCOUVER AIRPORT HOTEL

7551 Westminster Hwy, Richmond

Shuttle service available to tournament site

Individual Reservations: Individual attendees will make reservations for the event directly with the Sheraton Vancouver Airport Hotel at [1-800-663-0299](tel:1-800-663-0299). Please refer to :“2015 Shito-ryu Seiko-kai 45th Anniversary”.

Single:/Double: \$139

Traditional Queen

Triple: \$159

Quad: \$179

Hotel guests get 40% discount for the full buffet breakfast.
Shuttle bus available to BCIT for \$10/person return trip.

The “cut-off date” for reserving rooms in the Room Block is 5:00 p.m. local time at Hotel on 22-Oct-2015. After the cut-off date, it is at Hotel’s discretion whether to accept additional reservations, which will be subject to prevailing rates and availability.

INDIVIDUAL LIABILITY WAIVER – MANDATORY for All Karate Competitors

All KUMITE 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 kumite competitor shall complete. Part B shall be a medical examination report to be completed by a licensed physician, and is required of kumite 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, including jewelry in non-visible areas.
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 may 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 Vancouver Shito-Ryu Seiko-Kai, Shito-Ryu Seiko-Kai Association of BC and their 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.

Results from this event may be published in media.

Dated this _____ day of _____, _____ 2015

TOURNAMENT COMPETITOR:

Name: _____

Kata Div: _____ Kumite Div: _____

Signature (Parent/Guardian if under 19)

Instructor Name

Address

Dojo Name

**Privacy Disclosure: Medical and personal information contained within will be available for review by members of the Association's Medical committee and their assistants. In the event of injury, a competitor's information may be shared with health care providers assisting that athlete. Signing this form gives consent to said use of a competitor's personal information.*

I prefer NOT to have my image or name used in the promotion of this event. Signature _____

MEDICAL EXAMINATION REPORT

Part A – MANDATORY COMPLETION by all KUMITE competitors

Name: _____ Date of Birth: _____ Age: _____ Male/Female

Address: _____

Club Affiliation _____ Rank: _____

- | | |
|---|----------|
| 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 you answered "Yes" to any of the above questions, give details and obtain medical clearance from your physician to compete. (Information provided not confidential)

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 if “YES” was answered on any questions in Part A

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 (Concussion sequelae; 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:			
1st	Additional		
s. _____			
d. _____			
13. Pulse: _____			

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: Karate, Football, Wrestling, Basketball, Baseball, Soccer, Rugby, Lacrosse, Boxing, Hockey, Judo		
	Absolute Contra-indications	Relative Contra-indications
Neurological	<ol style="list-style-type: none"> 1. Concussion with loss of consciousness – out of tournament 2. Two concussions – out for the season 3. Three concussions – out of contact sports 	<ol style="list-style-type: none"> 1. Epilepsy (convulsions) if well controlled - no seizure one year – participation permitted 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.
Eye	<ol style="list-style-type: none"> 1. Blindness in one eye 2. Recent intraocular operation 3. Presence of intraocular lens 	<ol style="list-style-type: none"> 1. Retinal detachment – ophthalmological consultation mandatory 2. Active eye infection, eg. conjunctivis 3. Defective lid closure 4. Corneal anesthesia
Respiratory	<ol style="list-style-type: none"> 1. Any active lung infection including TB 	<ol style="list-style-type: none"> 1. Bronchial asthma – participate to tolerance
Cardio-vascular	<ol style="list-style-type: none"> 1. Abnormal enlargement of the heart 2. Heart murmurs recognized as <ol style="list-style-type: none"> a) Mitral stenosis b) Aortic stenosis 3. Infection in the heart 	<ol style="list-style-type: none"> 1. Resting blood pressure over 140 systolic and 90 diastolic (high blood pressure) – investigate before participation
Endocrine		<ol style="list-style-type: none"> 1. Diabetes if poorly controlled
Abdomen	<ol style="list-style-type: none"> 1. Partially descended testis in position subject to injury 2. Any enlarged major abdominal organ (liver, spleen, kidney) 	<ol style="list-style-type: none"> 1. Inguinal hernia (rupture)
Genital Urinary System	<ol style="list-style-type: none"> 1. One kidney missing or seriously damaged 2. Active kidney infection 	<ol style="list-style-type: none"> 1. One testicle missing
Musculo Skeletal	<ol style="list-style-type: none"> 1. Incomplete healing of wrist fracture 2. Arthritis in the back (vertebrae column) 3. Active hip disease 	<ol style="list-style-type: none"> 1. Instability of knees 2. Recurrent shoulder dislocation 3. Osgood Schlatters if pain present on Movement 4. Amputees
Hematological	<ol style="list-style-type: none"> 1. Coagulation defects 	
Skin		<ol style="list-style-type: none"> 1. Active bacterial infection 2. Active herpes simplex (cold sores) 3. Severe cystic acne

Take this reference to physician if completion of Medical Examination Report is required.

Sato Cup 2015

WKF Rules 2013 shall apply, with the following modifications

	Children 5-13 Years	Adult Colour Belts and Masters	Elite Divisions 14-17 Years	Elite Divisions, 18-20 & Senior
Score Method	Flags (single elimination)	Flags (single elimination)	Flags (w. Repechage) - WKF Rules	Flags (w. Repechage) - WKF Rules
Kata Format	White and Yellow Belts may repeat kata Orange Belt and up may alternate kata (A,B,A)	White and Yellow Belts may repeat kata Orange Belt and up may alternate kata (A,B,A)	Different Kata Each Round (WKF Rules)	Different Kata Each Round (WKF Rules)
Other			1st, 2nd, Two 3rds	1st, 2nd, Two 3rds
Time	1 min 30 sec Stop; Hantei (No Sai Shiai)	1 min 30 sec Stop; Hantei (No Sai Shiai)	2 min Stop; Hantei (No Sai Shiai)	Fem: 2 min, all rounds; Male: 3 min, all rounds; Hantei; No Sai Shiai
Points	First to 6	First to 6	WKF Rules: spread of 8	WKF Rules: spread of 8
Ring Size	6 x 6 metres (or by athlete size)	8 x 8 metres	8 x 8 metres	8 x 8 metres
Contact	Any Touch or Contact w. Fist or Foot - C1 Penalty; KBC Modifications (points against on penalty; referee to have vote)	Any Touch or Contact w. Fist or Foot - C1 Penalty; KBC Modifications (points against on penalty; referee to have vote)	Any Touch or Contact w. Fist - C1 Penalty; Skin Touch with Foot - 3 pts. Contact - C1 penalty	WKF Rules - Skin Touch - Point; Contact - C1 Penalty
Mandatory Protective Gear	Gumshield/ Mouthguard; Fist Protector; Groin (Males)	Gumshield/ Mouthguard; Fist Protector; Groin (Males)	Mouthguard; Shin/Instep; Foot, Fist (all); Groin (males)	WKF Rules: Mouthguard; Shin/Instep; Foot, Fist & Groin (males)
Optional Protective Gear	Shin/Instep protector; Head protectors (All); Chest protector (female)	Shin/Instep protector; Head protectors (All); Chest protector (female)	Head protectors (All); Chest protector (female); **Body Protector	Head protectors (All); Chest protector (female); *Body Protector



*A Celebration of
Shihan Akira Sato's*

45 Years of Karate in Canada

Nov 15, 2015 (Sunday following the Sato Cup)
Reception : 11am - 12pm Lunch: 12pm - 3pm
Sheraton Vancouver Airport Hotel
7551 Westminster Highway Richmond, BC

\$65/person

The first 120 people to purchase a ticket will
receive a commemorative souvenir

RSVP

Sinclair Tam scytam@hotmail.com 604-723-4593
Yas Yamamoto yyas21@hotmail.com

Cheques payable to "Shitoryu Seikokai Assoc. of BC"
Mail to: Shitoryu Karate, Peretz Centre, 6184 Ash Street
Vancouver, B.C. V5Z 3G9



Sensei Sato
45TH ANNIVERSARY





Sensei Sato
40TH ANNIVERSARY



Party Ticket Order Form

Ticket Price: \$65.00 (Child age under 5 - free)

Date: Nov 15, 2015 Time: 11am - 3pm Place: Richmond Airport Sheraton Hotel

Dojo _____ Contact: _____ Tel: _____

Name	Ticket ordered	paid	Ticket number

Please send payment to: Hombu Dojo, Peretz Centre, 6184 Ash Street, Vancouver, B.C. V5Z 3G9

Cheque payable to: Shitoryu Association of BC

For more information, please contact

Sinclair Tam scvtam@hotmail.com or Yas Yamamoto yyas21@hotmail.com