



Kumite & Kata Competition Development Programs

Brought to you by Halifax Ryuseikan in partnership with the NSKA!

- **minimum rank of yellow belt or equivalent**
- **must own sparring gear** (wkf-style gloves, mouthpiece and groin protectors) - Kumite program only
- **must be registered with NSKA**

The **ATHLETE “KUMITE” DEVELOPMENT PROGRAM** is a weekly, (1 1/2 hr per week) program focusing on competition & tournament preparation. The focus is on Kumite. Students will learn development skills through a series of drills and exercises aimed at preparing for competitions and prepare for potential future provincial and national team selection. Kumite drills, speed & coordination exercises, tournament rules and other related subjects will be introduced throughout the program. This class is for competitors ages **13 & up**.

The **ATHLETE “KATA” DEVELOPMENT PROGRAM** is a weekly, (1 1/2 hr per week) program focusing on competition & tournament preparation. The focus is on Kata. Students will learn Shite (compulsory) & Tokui (free selection) Kata’s from the official WKF list of approved katas. Kata’s learned in this program will be from Chito-ryu, Goju-Ryu & Shito-Ryu systems. Tournament rules and other related subjects will be introduced throughout the program. This class is for competitors ages **10 & up**.

Instructors:

- **Mitchell German** - 5th Degree Black Belt. Chief Instructor Halifax Ryuseikan. National Coach and Nova Scotia Karate Team Head Coach, former Canadian and International Champion

Prices (for one or both programs, includes tax):

FALL SESSION <small>(September – December)</small>	WINTER/SPRING SESSION <small>(January – June)</small>	SUMMER SESSION <small>(July - Aug)</small>
\$135.00	\$205.00	\$65.00

Kumite - Every Sunday from 9:00 to 10:30 am

Kata - Every Sunday from 10:30 am to 12:00 pm

Location is at the Halifax Ryuseikan Main Dojo (1237 Cole Harbour Rd)

(Classes are limited to 25 participants)

Last Name _____ First Name _____

Phone # _____ E-mail _____

Gender _____ Age _____ Birth Date (dd/mm/year) _____

Address _____

Emergency Contact Name(s) & Number _____

Relationship _____ Provincial Health Care #: _____

List any medical conditions or allergies: _____

Dojo _____ Rank _____

*Please make cheques payable to **“HALIFAX RYUSEIKAN”***