

# World Martial Arts Academy Spring Classic Tournament Registration

Please print or type the required information on this form. Read and sign the Liability Waver below. If the competitor is under 18 years old, a signature of the parent or legal guardian is required. Any missing item on this form may result in delay of your registration on the day of the tournament. Please enclose your registration fee along with your completed Registration Form payable to World Martial Arts Academy.

		<u>Registration Fees</u>	
Registration	9:00am	1 event	\$60.00
Competition - Color Belts	10:00am	2 events	\$70.00
Master's Demonstration	12:30pm	3 events	\$80.00
Competition - Black Belts	1:00pm	Family Forms	\$10.00 per family

Competitor's Name \_\_\_\_\_ School Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Master/Instructor's Name \_\_\_\_\_  
 Belt Color \_\_\_\_\_ Rank \_\_\_\_\_ Sex M  F  Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Please check the events you will be entering

Forms       Breaking       Sparring       Family Forms

I am aware that I am being allowed to watch, participate, and receive instruction in Tae Kwon Do and other Martial Arts related activities at World Martial Arts Academy. New Berlin, LLC, also referred to as "The School" and in all competitions and tournaments in Wisconsin. Tae Kwon Do and other related Martial Arts are activities that can be physically demanding and involve the risk of personal injury, including assisting in any manner such as holding targets, bricks, and boards and assisting with weapons. I agree, personally or on behalf of my child, to release and waive any claims or causes of action, including claims for injuries caused by the negligence of the school and/or its owners, employees, agents, and volunteers of the School arising out of any injuries that I (or my child) may sustain as a result of my (or my child's) Participation or attendance at the School and their sponsored events. I further agree to indemnify and hold the School harmless against any and all claims resulting from such injuries to myself (or my child) in a medical situation. By signing below, the undersigned indicates that he/she understand the above agreement. All payments made to the school are non-refundable.

Signature of Entrant: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_