

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.

Registration	9:00am	Registration Fees	
Master's Demonstration	10:00am	1 event	\$60.00
Competition - Color Belts	10:30am	2 events	\$70.00
Lunch Break	12:30pm	3 events	\$80.00
Competition - Black Belts	1:00pm	4 events	\$90.00

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 _____