**MAC MARTIAL ARTS TOURNAMENT**

OFFICIAL ENTRY FORM

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level/ BELT COLOUR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STYLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, hereby voluntarily submit my application for attendance and participation in the 2025 MAC MARTIAL ARTS TOURNAMENT as shown on this form, and do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the promoters, location of the event Calgary Central Sportsplex, Tournament host Lawrence Macaraeg, officials, Mac Martial Arts Inc., or operators, or sponsors of said 2025 MAC MARTIAL ARTS TOURNAMENT, individually or otherwise, for any claim for injuries that I might sustain.

Additionally, I am fully aware of my own personal medical condition and hereby certify that I am mentally and physically fit to compete at said event. Lastly, I hereby waive any compensation whatsoever for the use of pictures, videotape, media coverage, statements, etc., utilized by those producing or directing this event at any time.

I fully understand that any medical treatment given to me will be of FIRST AID nature only.

I consent that any pictures of me or any picture taken in connection with this event can be used for publicity, promotion or television showing and I waive compensation in regard thereto.

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

Parent or Guardian Signature (if under 18):  Date:

DIVISION NUMBERS: (Please refer to the division sheets and please make sure your numbers are correct) Please write down all the division numbers that you will be competing in.

1)\_\_\_\_\_ 2) \_\_\_\_\_ 3)\_\_\_\_\_\_\_ 4)\_\_\_\_\_\_\_ 5)\_\_\_\_\_\_\_ 6)\_\_\_\_\_\_\_ 7)\_\_\_\_\_\_\_ 8)\_\_\_\_\_\_\_ 9)\_\_\_\_\_\_\_ 10)\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Registration at the door**  **Entrance Fee: $85.00 for 1-2 events**  **$10.00 for each additional event** |  | **E Transfer – Macmartialartsclub@shaw.ca** |

Cost of first 1-2 Divisions: $\_\_\_\_\_\_\_\_

Cost of additional Divisions: $\_\_\_\_\_\_\_

Total Cost: $\_ Paying by: Cash Etransfer Debit PayPal

Payment options:

1. United States competitors can pay with PayPal
2. E-Transfer (Pre-Registration only)
3. Cash
4. Debit
5. Credit Card

* NOTE: Divisions may be adjusted at the discretion of the director to accommodate weight and size differences in the interest of safety and fairness.
* NOTE: SORRY NO REFUNDS

For additional information please visit: [www.macmartialarts.ca](http://www.macmartialarts.ca/)

Thanks!

Lawrence Macaraeg