



TOURNAMENT REGISTRATION FORM

Competitor's Name _____

Age _____ male female special needs

Belt Level _____ # of Years Training _____

Cell # _____ Email _____

Emergency Contact Name _____ Cell # _____

Martial Art Club _____

Instructor's Name _____

Registration Fee ***** Cash Only*****

\$65 for 1 Division \$10 for Each Additional Division

CHECK THE FOR EACH EVENT YOUR ARE PARTICIPATING IN

- Kata / Pattern / Empty Hand Form
- Weapon Form
- Team Kata (each person pays \$10) Team Name: _____
- Point Sparring
- Continuous Sparring (14-16 & Adults Only)

divisions will be split on the day based on belt levels, competitor size, and experience

TOTAL \$ _____

Admin Initials
for payment
received

DISCLAIMER:

By signing below, I am agreeing that I understand the following:

The Provincial Martial Arts Association and those under its organization take no responsibility for any injuries that may occur as a result of participation during the Martial Arts event held at the Marlborough Park Community Hall in Calgary, AB on Saturday, March 14, 2020. The participant is responsible for his/her own safety at all times and is expected to follow the rules and regulations laid out by the members of the Provincial Martial Arts Association and those running the event. Any medical attention provided will be that of First Aid. I give permission to any first responder to call emergency responders, at their discretion, in the event of an incident that may require further medical attention. I authorize the use of photos/videos of the participant for local newspapers and/or PMA webpage/newsletters.

Date _____

Competitor Name or Guardian's (if under 18) _____

Competitor/Guardian's Signature _____

Witness Signature _____

Witness (print name) _____