



**GLOBAL MARTIAL ARTS
ASSOCIATION
STUDENT MEMBERSHIP APPLICATION
(Please Print)**



Name _____ Age _____ M/F _____

(Surname) (Given)

Address _____

City _____ Prov/State _____ Postal/Zip Code _____

Telephone # _____

(Residence) (Work)

Email _____ Date of Birth (MM/DD/YY) _____

Name of Martial Arts School _____

Head Instructor _____ Rank _____

Martial Arts Discipline _____

Current Belt Rank _____ Years in Martial Arts _____

WAIVER

There is a potential risk for injury involved in training and participation in any sport. Global Martial Arts Association and their officers have tried to create a safe and controlled environment for participants. The officers have established rules of conduct and participation, in any event held by the Global Martial Arts Association/Hall of Fame that **MUST** be adhered to with no exceptions. In consideration of accepting my application, I hereby release and forever discharge Global Martial Arts Association/Hall of Fame, their officers, instructors, members and authorized guests from any and all actions, claims and demands, for damages, loss or injury, howsoever rising, which may hereafter be sustained in consequence of my membership with Global Martial Arts Association/Hall of Fame. In particular, I agree that Global Martial Arts Association and its members shall not be responsible for loss or theft of personal possessions while attending any Global Martial Arts event.

Applicant Signature _____ Date _____

Parent/Guardian (if under 18yrs) _____ Date _____

Annual Fee: \$10.00

Submitted Completed Application **with Fee** by _____ Date _____
(Name – please print)

**Mail to: Global Martial Arts Association
c/o Prof Ed McLachlan
12 Park Ave.
St. Thomas, On, Canada N5R 4V3**

Date Received _____ *Approved by* _____ *Date* _____ *Membership #* _____