



# TOURNAMENT APPLICATION

## GLOBAL MARTIAL ARTS ASSOCIATION



Forms Division \_\_\_\_\_

Team Forms Division \_\_\_\_\_

\*Sparring Division \_\_\_\_\_ \* **MANDATORY PRE-REGISTRATION**

Weapons Division \_\_\_\_\_

Taekwondo Division \_\_\_\_\_

Name: \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

Age (as of Aug 1/2012) \_\_\_\_\_ MA Rank (color and Kyu/Dan) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Email: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

MA School: \_\_\_\_\_ Instructor: \_\_\_\_\_ Style: \_\_\_\_\_

Registration fees payable upon registration:

**\$50 for all events (Pre-registration)**

**\$60 for all events on day of Tournament**

**\$10 extra per competitor for Team Events**

**\$5 spectator fee**

In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors and administrators, waive, release and discharge Prof. Ed McLachlan, E&T Martial Arts, The Four Points Sheraton and/or their departments, officers, agents, representatives, successors and/or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the Global Martial Arts Tournament or its events which may arise out of my traveling to, participating in or returning from said event.

Signature of Adult Student  
or Parent/Guardian (if under 18 yrs of age) \_\_\_\_\_

I hereby give permission to attending physician or medical personnel to treat  
\_\_\_\_\_

In the event of an emergency.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature of Adult Student  
Or Parent/Guardian (if under 18 yrs of age) \_\_\_\_\_

**All cheques/money orders are to be made payable to:**

**Global Martial Arts  
c/o Prof. Ed McLachlan  
12 Park Ave.  
St. Thomas, Ontario N5R 4V3**