COMPETITOR NJMAA

New Jersey Martial Arts Alliance

INVITATIONAL CHAMPIONSHIPS

May 30–31, 2015 at Hillsborough High School

REGISTRATION FORM

LAST NAME _____ *AGE* ____

FIRST NAME _____ *HEIGHT* ____ *INCHES*

RANK _____ *WEIGHT* ____ *LBS*

ACADEMY _____

please circle one

PHONE ___ ___ ____ *SEX:* ☐ *M* ☐ *F*

PEE WEE

JUNIOR

TEEN

ADULT

~ ADDITIONAL DIVISIONS ~

☐ *TRADITIONAL WEAPONS* ☐ *CREATIVE WEAPONS* ☐ *BOARD BREAKING* ☐ *CONTINUOUS SPARRING*

-PRICES -

REGISTRATION FEE: $75 (Register by May 2nd and save $15)
NON-COMPETITIVE REGISTRATION: $40
ADDITIONAL DIVISION: $15
SPECTATOR FEE: $5 pre-sale, $8 at the door
SOUVENIR PACK: $42 pre-ordered** (see packet for full details)
T-SHIRT FEE: $17 pre-ordered**, $22 at tournament

**Pre-orders must be submitted and paid for by May 2nd. Please specify t-shirt size (in box at right) when paying.

✓ Please check all that apply

___ Registration $75 ($60)
___ Non-Comp. Div. $40
___ Additional Div. $15 each
___ Souvenir Pack $42 each
___ T-Shirt $17 SIZE
Spectators $5 each†

Registration = $_____
Add. Div. = $_____
Souvenir Pack = $_____
T-Shirt = $_____
Spectators = $_____
TOTAL = $_____

Make checks payable to your academy

RELEASE FORM

I, and my heirs, in consideration for my being allowed to participate in an activity held at, or on a Recreational Facility, hereby release the New Jersey Martial Arts Alliance, their officers, employees and agents, the tournament organizers, or anyone involved in any way with the tournament, from any liability for damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or on a Recreational Facility. I understand the risks of such participation which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by posted safety rules and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that the NJMAA provides no medical coverage for these activities. Should I incur medical expense, I understand that I am solely responsible for such costs. I also agree that any photos taken of me during the tournament can be used by the tournament organizers for publicity or promotion without compensation to me.

NJMAA USE ONLY

☐ *BELT* ☐ *DIVISION*

☐ *PROCESSED* _____

_____

Signature (Parent or Legal Guardian if under 18)

† Collect and retain pre-sale spectator passes when submitting this form! All spectators over the age of 3 must have a ticket to gain entry. Anyone without a pass the day of the event will have to purchase one to gain entry.