

2017 WORLD MARTIAL GAMES XVII

“Down Syndrome-Adaptive Kata Category” Registration Form

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ATTENTION: PLEASE TAKE CARE IN FILLING OUT THIS ENTRY FORM. IT MUST BE ACCURATE AND COMPLETE OR IT MAY CAUSE THE COMPETITOR TO MISS HIS/HER COMPETITION OR POSSIBLY FACE DISQUALIFICATION. NO EXCEPTIONS.

*** PLEASE PRINT CLEARLY OR FORM WILL NOT BE PROCESSED ***

Name _____ Age _____ Birth Date _____

Address _____ Male / Female (Please circle one)

City _____ St _____ Zip _____ Country _____

Phone _____ Height _____ Weight _____ Dan Grade _____ (Black Belts Only)

School/Style _____ Belt Color _____ (Beginner / Intermediate / Advanced)
(Mandatory - Circle the correct one above)

Instructor: _____ Email: _____
(Required)

Categories:

Juniors: Male and Female 16 yrs & under

Senior: Male and Female, 17 yrs to 45 yrs old

This event will be run in the Koryu Ring # 8

THIS IS A “FREE” EVENT FOR DOWN SYNDROME ATHLETES - NO FEE

(There is a fee for Coaches and Spectators)

LIABILITY WAIVER: I, the undersigned, do hereby waive any and all claims against any and all persons and groups associated with the World Organization of Martial Arts Athletes, the WOMAA World Martial Games XVII and it's representatives. I agree to indemnify and hold harmless, all persons and groups, including W.O.M.A.A. Int'l and WOMAA Ireland and it's representatives, the City West Hotel/Conference Ctr it's representatives, and anyone else involved with this tournament for any injuries or damages sustained by me in connection with my participation in this tournament, whether accidental or intentional. I understand that I am participating in a sport which usually has body contact. I assume full responsibility for all of my actions or injuries during and connected with these events. I also agree that my attendance and/or performance at these tournaments may be photographed, filmed or taped and used by the promoters and I waive any compensation, thereof. I attest and verify that I am physically and mentally fit and that I have been sufficiently trained to compete in this event. I consent to and am aware that the only offered medical treatment on site will be First - Aid. I further agree that I am solely responsible for any extended medical services and costs and therefore hold harmless all persons/groups involved in the event of my injury. *Special Note: Although WOMAA prides itself on having people attending all categories, they cannot be responsible for empty categories/NO shows, or fights not going ahead due to injury or any other reason. Obviously we will try and accommodate you by arranging either a single exhibition match or by allowing you to enter another style at registration. But absolutely NO REFUNDS will be given for missed divisions, injuries, etc.*

I sign my name this _____ day of _____, 20 17

Competitors Signature

Parents or Legal Guardian (If under 18 yrs old)