

Australian Martial Arts Association



Kata and Team Kata

Kata.....Team Kata.....Tick which one you are entering

Name 1: _____

Age:D.O.B:...../...../.....

Name 2: _____

Age:.....D.O.B:...../...../.....

Name 3: _____

Age:.....D.O.B:...../...../.....

PRESENT CLUB NAME:

HOW LONG HAVE YOU TRAINED AS A MARTIAL ARTIST _____

- ***EMERGENCY CONTACT INFORMATION -THIS PERSON WILL BE NOTIFIED IF REQUIRED FOR ANY OF THE COMPETITORS ON THIS FORM.***
- **NAME OF CONTACT:PHONE.....OR**
- **I understand that this event is a martial arts tournament and although the A.M.A.A have taken precautions to the best of their ability to prevent any injury, one may still occur.**
- **I, therefore will not hold any of the promoters, associated officials or competitors responsible if an injury occurs. I will also abide by and follow all rules and regulations set down by the A.M.A.A and respect that the A.M.A.A has the right to refuse or renounce my entry.**

I HAVE READ IN FULL AND UNDERSTAND THE ABOVE STATEMENT.

Signed: 1.x.....Date:/...../.....

2.x.....Date:/...../.....

3.x.....Date:/...../.....

**A separate registration form is to be filled out for each event
Send all registration forms to AMAA c/o 90 Billabong Road, Para Hills, 5096
or email Roy : fullerro@optusnet.com**