

# Australian Martial Arts Association



**Please Print**

**Non Contact?**

Continuous Sparring..... Point Break Sparring..... please tick one

Name: \_\_\_\_\_

Weight: \_\_\_\_\_ Kg Gender: M F

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

***PRESENT CLUB NAME***

\_\_\_\_\_

**HOW LONG HAVE YOU TRAINED AS A Martial ARTIST** \_\_\_\_\_

- **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:** 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**