

Australian Martial Arts Association



Please Print

Precision Technique

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Name : _____

Weight: _____ Kg Gender: M F

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: 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