



# Combined Martial Arts International Federation



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Email: [chin@combinedmartialarts.co.nz](mailto:chin@combinedmartialarts.co.nz); Web: [www.cmamartialarts.co.nz](http://www.cmamartialarts.co.nz)

## 2010 National Tournament Entry Form

Applicant's Full Name: \_\_\_\_\_

Male / Female (Please circle)      Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_

Weight (kg): \_\_\_\_\_      Height (cm): \_\_\_\_\_  
(Personnel from Headquarters will verify the height and weight of all participants)

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Branch/Club: \_\_\_\_\_

Instructor: \_\_\_\_\_

Rank (Dan or Kub): \_\_\_\_\_

I/We, the undersigned, do hereby assume full responsibility and indemnify the International Jonghap Musul (C.M.A.) Federation, their subsidiaries, officials, participants and sponsors from any claims for any and all injuries, accidents, or losses that the Applicant may sustain whilst participating in the C.M.A. National Tournament.

To ensure the safety of all participants and as a preventative measure to any medical incidents, a medical history must be provided with the entry form, if the Applicant suffers or has suffered from any medical conditions or illnesses that may affect the Applicants health in any way whilst competing in the tournament. If any medical condition is deemed to be harmful in any way or form, the application for entry will be declined.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

