



Combined Martial Arts International Federation



National Headquarters: CPO Box 424, Auckland, New Zealand; Phone: +64 9 419 1234
Email: chin@combinedmartialarts.co.nz; Web: www.cmamartialarts.co.nz

C.M.A. 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. Along with the application form is the Tournament fee of \$65.

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

