ICMAC Chinese Martial Arts Championship

Competition Registration - Boston, October 7, 2017

(Please Print Clearly - All Fields Required)

Last Name | MI | First Name

Gender M/F____ Birthdate & year_____ Weight_____ Years of Training _____ Phone_____

Home Address _____City/State/Zip_____

Enter Email

Martial Arts School Name/Address _____

_____

Instructor_____ School Phone_____

School Email_____ Website_____

Enter division numbers below (1 division per box). See kungfuchampionship.com for RULES

$70 Early Registration (includes 1st event) - **must be received by 9/9/17** ……. $ _____
$90 Registration (includes 1st event) **if received after 9/9/17 and on site** ……...……...$ _____
Each additional event after 1st is $20…….. [$20 x ___] ……..……..…….$ _____
Grand Champion registration $20 ……..…….$ _____
TOTAL ENCLOSED……....… $_____

CHECK BOX FOR GRAND CHAMPION
Advanced Competitors only. $20 fee. One category only. See web site for requirements.

CASH ONLY AT THE DOOR

Payment must accompany entry form: money order or check payable to ICMAC.
Credit Cards for Online Registration ONLY

I_____the undersigned, voluntarily submit my entry in the Chinese Martial Arts Championship, owned by Alipes LLC (hereafter referred to as "the Championship"). I assume all risk of physical and mental injuries, disabilities, and losses that may result from or in connection with my participation in the Championship. Acting for myself, heirs, personal representatives, and assignees, I release the International Chinese Martial Arts Championship (ICMAC), Alipes, and the Fore Kicks Sports Complex, its agents, officers, representatives, sponsors, volunteers, and all other related members from all claims, actions, suits, and controversies at law by reason of a matter or cause sustained by me as a result of or in connection with my participation in the Championship. I understand that participation in the Championship, especially but not limited to sparring, Shuai Jiao (Chinese wrestling), Chi Sao, and other reaction skills events, entails a risk of injury, and I assume full responsibility for my actions intentional or otherwise. I understand that any medical attention or treatment afforded to me on site by the Championship will be of a first-aid nature only, and I release its agents, officers, representatives, sponsors, volunteers, and other related members and entities from any liability from such aid. I consent that any pictures or video furnished by me or taken of me at the tournament can be used for publicity, promotion, or media showing now or in the future and I waive compensation in regards thereto. I have read and fully understand the rules, regulations, and information published by the Championship and agree with them in their entirety. I understand that I may be dismissed from the Championship for unsportsmanlike conduct without refund of my entry fees. I have read and fully understand the above waiver.

_____ **DATE** _____

COMPETITOR MUST SIGN **(or Parent/Legal Guardian if competitor is under 18)**

_____

Send **signed** entry form and **payment** to **ICMAC Worldwide Circuit**
2519 McMullen-Booth Rd. #511 Clearwater, Fl 33761 USA | Phone (727) 791-8207
www.kungfuchampionship.com | nick.scrima@kungfuchampionship.com