

**OMAHA NATIONAL MARTIAL ARTS
CHAMPIONSHIP XIII**

DOORS OPEN 8 AM

SAT. 9/5/2020 - CHI Center - LOT D
455 N. 10th St. Omaha, NE 68102



United States Mail Pre-Registration Closes 8/21/2020

Mail Form /Checks Payable to:

Omaha National Martial Arts Championship or ONMAC
% Omaha Blue Waves MA - 15117 Industrial Rd. Omaha, NE 68144
(402) 215-6003

[] Cashier's Check Enclosed [] Money Order Enclosed

Competitor Information

First Name		Last Name		M.I.
Age	Sex	Phone	Email	
Address		City	State	Zip

CHECK ONE [] Beginner [] Advanced [] Intermediate [] Black Belt	CHECK ALL THAT APPLY [] Forms [] Sparring [] Creative Forms [] Weapons [] Continuous Sparring 16 + Adv/BB EARLY BIRD DIVISIONS [] Team Forms [] Self-Defense
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PARENT/GUARDIAN INFORMATION (UNDER 19)	<p align="center">ALL COMPETITORS MUST REGISTER FOR *MAIN EVENT</p> <p align="center">Pre-Registration / Door Event</p> <table border="0"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td align="right">Total</td> </tr> <tr> <td colspan="7">SUNRISE DIVISIONS: REPORT TO MAIN FLOOR BY 8:30 AM</td> </tr> <tr> <td>Self-Defense</td> <td>(add on)</td> <td>\$ 8.00</td> <td>\$10</td> <td>_____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td>Team Forms</td> <td>(add on)</td> <td>\$ 8.00</td> <td>\$10</td> <td>_____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td colspan="7">MAIN EVENT: REPORT TO MAIN FLOOR BY 10 AM</td> </tr> <tr> <td colspan="7">*Traditional Forms and/or Sparring \$45.00 \$50 _____ = \$ _____</td> </tr> <tr> <td>Weapons Forms</td> <td>(add on)</td> <td>\$ 8.00</td> <td>\$10</td> <td>_____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td>Creative Forms</td> <td>(add on)</td> <td>\$ 8.00</td> <td>\$10</td> <td>_____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td>Continuous Sparring</td> <td>(add on)</td> <td>\$ 8.00</td> <td>\$10</td> <td>_____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td colspan="7">Spectator Registration:</td> </tr> <tr> <td>Adult Spectator Per Person</td> <td></td> <td>\$ 5.00</td> <td>\$ 8</td> <td>_____ x _____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td>Children Spectator Under 12</td> <td></td> <td>Free</td> <td>\$ 5</td> <td>_____ x _____</td> <td>=</td> <td>\$ _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td align="right">Total = \$ _____</td> </tr> </table>							Total	SUNRISE DIVISIONS: REPORT TO MAIN FLOOR BY 8:30 AM							Self-Defense	(add on)	\$ 8.00	\$10	_____	=	\$ _____	Team Forms	(add on)	\$ 8.00	\$10	_____	=	\$ _____	MAIN EVENT: REPORT TO MAIN FLOOR BY 10 AM							*Traditional Forms and/or Sparring \$45.00 \$50 _____ = \$ _____							Weapons Forms	(add on)	\$ 8.00	\$10	_____	=	\$ _____	Creative Forms	(add on)	\$ 8.00	\$10	_____	=	\$ _____	Continuous Sparring	(add on)	\$ 8.00	\$10	_____	=	\$ _____	Spectator Registration:							Adult Spectator Per Person		\$ 5.00	\$ 8	_____ x _____	=	\$ _____	Children Spectator Under 12		Free	\$ 5	_____ x _____	=	\$ _____							Total = \$ _____
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Informed Consent and Waiver

By completing this application, I am confirming that I understand martial arts competition, like all contact sports, involves the risk of serious injury or death. I am knowingly and intelligently waiving my rights to bring legal action against Five Elements Massage, Martial Arts, and Oriental Health LLC, DBA Omaha Blue Waves Martial Arts, the Omaha National Martial Arts Championship, Millard Public Schools, the Omaha Film Festival, the United States Kido Federation, the tournament director, the tournament staff, judges, volunteers, or employee thereof for any injury or loss arising out of my choice to participate in this tournament and associated events. I make this agreement binding upon my heirs and assignees AND indemnify all entities list above for any action taken by any other person on behalf of myself or my minor child. I have been advised that I should not participate in Omaha National Martial Arts Championship if I have a question about my health or if I have been advised by a physician not to participate in a physically strenuous sport. I affirm that I am covered by medical insurance. I, also, waive compensation for the use of my image, voice, video, or likeness used in conjunction with this tournament, and associated events, show, or documentary. I understand that I may be requested to provide proof of age upon request.

<i>Parent/Guardian Signature</i>	<i>Competitor Signature</i>
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Please attach a cashier's check or money order with registration. Never send cash through mail. Pay w/ Credit Card Below: MC, VISA, Discover

Name on Card: _____ Card# _____

Expiration Date: _____ Security Code: _____ ZIP CODE _____ Authorization Signature _____

Address of Cardholder: _____

Phone Number of Card Holder: (____) _____ - _____ Total Authorized Amount: _____

Martial Arts School	MA Instructor Name
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REGISTER ON-LINE AT OMAHANATIONALMARTIALARTSCHAMPIONSHIP.COM