

**Pre-registration**

Entry \$40.00  
Each additional event \$10.00

**Late Registration**

**At the Door Only**

**Late Registration: \$60.00**

**Each additional event: \$20.00**

All checks payable to:  
WMAF

19 Sixth Road Woburn, MA 01801



**Spectator Fees**

Adults 17 and up: \$10.00  
Children: \$5.00

Under 5 years old: FREE

ST. JOHN'S PREP

72 SPRING STREET

DANVERS MA 01923

**\*ALL YOUTH EVENTS BEGIN AT 9:30AM\***

**All registered children receive a free gift bag at the door !**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Martial Arts School: \_\_\_\_\_ Months/Years Training: \_\_\_\_\_

**All competitors that fill out an application to compete hereby give the WMAF the right to release any and all pictures or videos taken that date to any social media.**

## FORMS DIVISIONS

**PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH EVENT ENTERED**

**All Competitors must compete in their highest rank for all divisions entered.**

<p><b>BEGINNER FORMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6-7 Beginner Forms</li> <li><input type="checkbox"/> 8-9 Beginner Forms</li> <li><input type="checkbox"/> 10-11 Beginner Forms</li> <li><input type="checkbox"/> 12-14 Beginner Forms</li> <li><input type="checkbox"/> 15-17 Beginner Forms</li> <li><input type="checkbox"/> 18+ Beginner Forms</li> </ul>	<p><b>INTERMEDIATE FORMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6-7 Intermediate Forms</li> <li><input type="checkbox"/> 8-9 Intermediate Forms</li> <li><input type="checkbox"/> 10-11 Intermediate Forms</li> <li><input type="checkbox"/> 12-14 Intermediate Forms</li> <li><input type="checkbox"/> 15-17 Intermediate Forms</li> <li><input type="checkbox"/> 18+ Intermediate Forms</li> </ul>	<p><b>ADVANCED FORMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 6-7 Advanced Forms</li> <li><input type="checkbox"/> 8-9 Advanced Forms</li> <li><input type="checkbox"/> 10-11 Advanced Forms</li> <li><input type="checkbox"/> 12-14 Advanced Forms</li> <li><input type="checkbox"/> 15-17 Advanced Forms</li> <li><input type="checkbox"/> 18+ Advanced Forms</li> </ul>	
<p><b>Under 5 Division</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Beginner</li> <li><input type="checkbox"/> Intermediate</li> <li><input type="checkbox"/> Advanced</li> </ul>	<p><b>BLACK BELT FORMS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Under 9 Black Belt Forms</li> <li><input type="checkbox"/> 10-11 Black Belt Forms</li> <li><input type="checkbox"/> 12-14 Black Belt Forms</li> <li><input type="checkbox"/> 15-17 Black Belt Forms</li> <li><input type="checkbox"/> 18+ Black Belt Forms</li> </ul>	<p><b>ADDITIONAL DIVISIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17 &amp; under (Phys. Challenged Under Black)</li> <li><input type="checkbox"/> 17 &amp; under (Phys. Challenged Black Belt)</li> <li><input type="checkbox"/> 18 &amp; up (Phys. Challenged Under Black)</li> <li><input type="checkbox"/> 18 &amp; up (Phys. Challenged Black Belt)</li> <li><input type="checkbox"/> 17 &amp; under Musical/Open (under Black)</li> <li><input type="checkbox"/> 17 &amp; under Musical/Open (Black Belt)</li> <li><input type="checkbox"/> 18+ Musical/Open (under Black)</li> <li><input type="checkbox"/> 18+ Musical/Open (Black Belt)</li> </ul>	
<p>We have the right to combine any division(s) with less than (4) four competitors. Splits will be at 25 competitors. In order to give everyone the chance to compete. <b>No Refunds</b></p>			

In consideration of your acceptance of my entry, I do hereby for myself, my heirs, executors and administrations waive, release and discharge the World Martial Arts Federation, Inc. and/or its departments, officers, agents, representatives, successors and/or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in this athletic competition, or which may arise out of my traveling to, participating in, or returning from said athletic event. Signature of Adult Student or Parent/Guardian: \_\_\_\_\_

I hereby give permission to the attending EMT, doctor or medical personnel to treat \_\_\_\_\_ in the event of an emergency.

Insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_

Signature of Adult Student or Parent/Guardian if competitor is under 18 years of age: \_\_\_\_\_

FOR FURTHER INFORMATION: Please contact the WMAF Headquarters (781) 933-0931 or <http://www.thewmaf.org>