

Pre-registration

Entry \$40.00
Each additional event \$10.00

Late Registration

At the door only

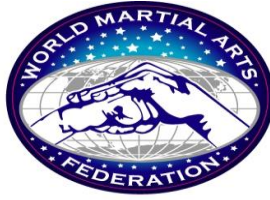
Late Registration: \$60.00

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

WEAPONS DIVISIONS

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH EVENT ENTERED

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

BEGINNER WEAPONS

- 6-7 Beginner Weapons
- 8- 9 Beginner Weapons
- 10-11 Beginner Weapons
- 12-14 Beginner Weapons
- 15-17 Beginner Weapons
- 18+ Beginner Weapons

INTERMEDIATE WEAPONS

- 6-7 Intermediate Weapons
- 8-9 Intermediate Weapons
- 10-11 Intermediate Weapons
- 12-14 Intermediate Weapons
- 15-17 Intermediate Weapons
- 18+ Intermediate Weapons

ADVANCED WEAPONS

- 6-7 Advanced Weapons
- 8-9 Advanced Weapons
- 10-11 Advanced Weapons
- 12-14 Advanced Weapons
- 15-17 Advanced Weapons
- 18+ Advanced Weapons

Under 5 Division

- Beginner
- Intermediate
- Advanced

BLACK BELT WEAPONS

- Under 9 Black Belt Weapons
- 10-11 Black Belt Weapons
- 12-14 Black Belt Weapons
- 15 -17 Black Belt Weapons
- 18+ Black Belt Weapons

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.

No Refunds

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>