



U.S. Association of Martial Artists
Grand Nationals Tournament & Seminar Symposium
March 7 - 8, 2026 * * Albuquerque, New Mexico



Must be Postmarked by February 21, 2026 to be "Pre-Registered," after that they are "At Door" Registrations.

Entry Form

NAME _____ Competitor's AGE on March 7, 2026 _____

ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____

TIME IN MARTIAL ARTS: _____ YEARS _____ MONTHS _____ SEX M / F PHONE: _____

*USAMA MEMBER # _____ BELT RANK (Color, or Dan Level, if applicable): _____

SCHOOL _____ INSTRUCTOR _____

E-MAIL ADDRESS _____

Please Register me for the following:

_____ Forms (Kata) Special Needs?

_____ Sparring (Kumite)

_____ Weapons (Kobudo)

_____ Chanbara

_____ TDS (Take Down Sparring)

COMPETITOR EVENTS:

Pre-Registered Postmarked by Feb. 21st		At Door
One or Two Events	\$129	\$145
Three or Four Events	\$139	\$155
Five Events	\$149	\$165

Scan Code
Below to
Register
Online



Total for Individual Events: \$ _____

Waiver: I understand that karate is a contact sport. I am aware that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve Covid & other virus contact, bodily harm or even death and do so at my own risk. I waive any claim or cause of action I may have against the promoters of the tournament, Sue Hawkes, the Isleta Resort & Casino, the judges, tournament personnel, other competitors, seminar instructors, and the U.S. Association of Martial Artists Inc. that may arise out of my participation in this tournament and/or seminars. I further agree to indemnify and hold harmless the promoter, Sue Hawkes, the Isleta Resort & Casino, the judges, tournament personnel, seminar instructors, and the U.S. Association of Martial Artists Inc., for any injuries, sickness, Covid & other viruses, or damages which may arise due to my participation in the tournament and/or seminars. I state that I do not suffer from Covid or any virus symptoms, and/or physical and/or mental conditions which may affect my participation in this tournament. I further agree to conduct myself in a sportsmanlike and safe manner and understand if I fail to do so, I may be disqualified from the tournament and not entitled to a refund. I also hereby give permission to medical personnel to administer First Aid or Emergency Treatment if, in their opinion, it becomes necessary. I hereby grant the U.S. Association of Martial Artists, Inc. ("USAMA") permission to use my likeness in a photograph, video, or other digital media ("photos") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the USAMA. I agree to comply with the local public health orders. I understand that the event schedule is subject to change to comply with public health orders. I realize no refunds will be given for this event.

Competitor's Waiver Signature ** _____ Date _____

**(Parent or guardian must sign if under 18)

Total for Individual Competitor Events Total: \$ _____

USAMA Members: <Discount> *Current USAMA Member Competitor Discount (**-\$10.00**) Less: \$ - _____

Number of **One Day** Spectator Passes (4 to 9 yrs.) X \$5.00 Circle One: **Sat.** or **Sun.** Total: \$ _____

Number of **One Day** Spectator Passes (10 yrs. & up) X \$20.00 Circle One: **Sat.** or **Sun.** Total: \$ _____

Number of **Two Day** Spectator Passes (4 to 9 yrs.) X \$10.00 Total: \$ _____

Number of **Two Day** Spectator Passes (10 yrs. & up) X \$30.00 Total: \$ _____

Number of **Two Day** Video Passes (Includes Spectator Fee) (Allows Limited Ring-Side Access Except During Finals) X \$45.00 Total: \$ _____

Seminar Fee **Jeff Crothers: Aware & Prepared.** ... (Pre-Registered \$45) (\$50 At Door) X \$45.00 Total: \$ _____

Adult Banquet Tickets # of Tickets X \$55 = Total: \$ _____

(Banquet Tickets Must be Purchased by Feb. 21st!) **NO Banquet Tickets Available at Door**

Child Banquet Tickets (9 yrs. & under only) # of Tickets X \$25 = Total: \$ _____

Payment Enclosed: (Make Check or Money Order Payable to "USAMA") ... (No Checks at Door) **Total: \$** _____



* Credit Card Payments* & Registrations Accepted Online for security at www.usamartialartists.org