



U.S. Association of Martial Artists

Grand Nationals Tournament & Seminar Symposium

March 23 – 26, 2023 in Indianapolis, Indiana



“At Door” Entry Form

NAME _____ Competitor's AGE on March 25, 2023 _____

ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____

TIME IN MARTIAL ARTS: _____ YEARS _____ MONTHS _____ SEX ^{Circle} M / F PHONE: _____

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

SCHOOL _____ INSTRUCTOR _____

E-MAIL ADDRESS _____

Please Register me for the following:

INDIVIDUAL COMPETITOR EVENTS:

- _____ Forms (Kata)
- _____ Extreme Kata (Creative) (No Points)
- _____ Sparring (Kumite)
- _____ Weapons (Kobudo)
- _____ Chanbara
- _____ TDS (Take Down Sparring)
- _____ Koshiki (Armored Multi-Point Sparring)

Number of Events	At Door
One or Two Events	\$110
Three or Four Events	\$120
Five or Six Events	\$130
Seven Events	\$135

Total for Individual Events: \$ _____

Please Register me for the following:

- _____ Team Sparring
- _____ Team Forms

TEAM EVENTS:

TEAM FEES PER EVENT
At Door
\$15 per Person

Total for Team 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 Marriott Indianapolis East, the judges, tournament personnel, other competitors, seminar instructors, PKC, PKRA 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 Marriott Indianapolis East, the judges, tournament personnel, seminar instructors, PKC, PKRA, 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: \$ - _____

Total for **Team** Events Total: \$ _____

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 \$15.00 **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 \$20.00 Total: \$ _____

Number of **One Day Video Passes** (Includes Spectator Fee) (Allows Limited Ring-Side Access Except During Finals) _____ X \$25.00 Total: \$ _____

Circle One: Sat. or Sun.

Number of **Two Day Video Passes** (Includes Spectator Fee) (Allows Limited Ring-Side Access Except During Finals) _____ X \$30.00 Total: \$ _____

Total for **Seminar/Symposium (From Back of Form)** (Select Seminars on Back) Total: \$ _____

Food Bar at the “**After Party**” (Social & Music Free) # of Adult Tickets _____ X \$29 # of Child Tickets _____ X \$15 = 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



USAMA Grand Internationals Seminar Symposium

Entry Form Continued...

Fill out Reverse Side, and select your **Seminars** below:

Name of Seminar Participant _____ (check box)

Fumio Demura - 5 Principles of Blocking	\$50	_____	<input type="checkbox"/>
Gustavo Albear – Traditional Goju-Ryu Katas	\$45	_____	<input type="checkbox"/>
Gustavo Albear – Tode-Jutsu	\$45	_____	<input type="checkbox"/>
Bruce Heilman – Sai Basics, Manipulation, & Application	\$45	_____	<input type="checkbox"/>
Eli Guzman - Take Down Sparring Strategies	\$45	_____	<input type="checkbox"/>
All Seminars (<i>Best Deal</i>)	\$179	_____	<input type="checkbox"/>

Discounts Available on Seminars for Families of 3 or more. Inquire at points@usamartialartists.org

END OF TOURNAMENT AND SEMINAR REGISTRATION FORM

Total For Seminars: \$ _____

We invite you to join the

U.S. Association of Martial Artists

A Member Organization for All Martial Artists

Your Individual USAMA Membership includes: Your Patch * Membership Card *

* National Tournament Points Competition * Discounts on Many USAMA Events

* Access to International Network of Martial Arts Schools *

* Internationally-Recognized Rank Certification *

Individual Membership Application

Please Print

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ SEX: M / F

BELT RANK (Include Color, Kyu, Keup, Grade, Degree, or Dan Level, if applicable) _____

STYLE _____ INSTRUCTOR _____

SCHOOL _____ E-MAIL ADDRESS _____

Applicant's Signature* _____ Date _____

New Membership Fee for under Black Belts: \$40.00 * New Membership Fee for Black Belts: \$45.00

Annual Membership Renewal: \$35.00 * Ask about Lifetime Membership!

Payment enclosed (paid by cash, check, money order, Visa, or M/C).....Total Enclosed: _____

If paying by credit card: Circle One : Visa M/C Card Number

_____ Expiration date |_____| - |_____| CVS _____

Signature of Cardholder _____ Billing Zip Code _____