

United Martial Arts Referees Association
Presents the

UMARA East Coast Tournament of Champions

Clarion Philadelphia



Official Application for Competition

Name _____ Rank _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-Mail: _____

Age _____ Sex _____ Height _____ Weight _____

School Name _____

School Address _____

City _____ State _____ Zip _____

Instructor's Name _____

Category (please check one)	Novice Level (White - Yellow - Orange)	Intermediate Level (Blue - Green - Purple)	Advanced Level (Red-Brown - Black)
Mini-Mites 7 & under			
Mini Pee-Wee 8 - 9.			
Pee-Wee 10 - 12.			
Juniors 13 - 15.			
Super Juniors 16 - 17.			
Adults 18 - 34			
Senior 35 - 44.			
Executive (45 & over)			

Please check the divisions in which you wish to compete:

Weapons Forms Free Sparring Adult BB Open Weapons Adult BB Open Forms

Total number of events entered: _____

I, the undersigned, do hereby voluntarily submit my application for this UMARA Martial Arts Tournament being held on said publicized day, and do hereby assume full responsibility for damage, injuries, death, a losses that I may sustain in any way while attending or participating in said Tournament. I hereby waive any and all claim against the promoters of said Tournament, and the Clarion Philadelphia individually or otherwise, and the owners or operators of premises for injuries that one may sustain. I also consent that any pictures taken of me in connection with this event can be used for publicity, promotion, or television showing, and hereby waive compensation in regard thereof.

Misconduct and inappropriate behavior will not be tolerated at this event!
Rules violators will be dismissed from the event with NO REFUNDS!

Signature of Contestant _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If contestant is under legal age)