

2017 TAMA Nationals Championship Registration Form

Name:	Age:	M	F
Address:	City:	State:	ZIP:
Phone:	Cell Phone:		
e-Mail:	Instructors Name:		
School Name and Address:			
Belt Rank:	<input type="checkbox"/> Novice	<input type="checkbox"/> Immediate	<input type="checkbox"/> Advanced
Events:	<input type="checkbox"/> Forms	<input type="checkbox"/> Weapons	<input type="checkbox"/> Sparring <input type="checkbox"/> Handicapable

Waiver: I assume full responsibility for any and all injuries or damages that I may suffer as a participant in his event. I realize this is a contact sport if sparring. Any medical treatment I will receive will be first aid only. I will in no way hold Manuel Taningco, TAMA Martial Arts Center, Day Star In Action, Miami Valley Tournament Association responsible in any way. I assume responsibility for my belongings and will not take action against parties mentioned for theft. I also take full responsibility of any damage I may cause to property of Belmont High School – DPS. Call for more information (937) 254-7035

NO Refunds

Signature

Date

Parent or Guardian

Mail Registration Form and Certified Check or Money Order to:

TAMA Martial Arts, 1753 Woodman Dr., Dayton, Ohio 45420

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