



Individual Membership Registration

Membership: _____
 2 ID Photos

Must print with pen/no pencil

For WSMA official use only	
Membership since _____ No.	Received \$ _____ Date ____/____/____ Name: _____

■ **Name** _____ M/ F, Date of Birth ____/____/____ Age ____ home phone _____

Address _____ City _____ St _____ Zip _____ Cell _____ Email _____

Martial Arts Style _____ Rank _____ How long _____

Employed by _____ Present position _____ Work phone _____

Emergency Contact _____ Relation _____ Phone _____ Cell _____

■ **Parents / Guardian or Student** Relation _____

Name _____ M/ F, Home phone _____ Cell _____

Address _____ City _____ St _____ Zip _____ email _____

■ **Academic School** Grade _____ phone _____ email _____

Address _____ City _____ St _____ Zip _____ Website _____

Teacher _____ phone _____ Cell _____ email _____

■ **Martial Arts School:** phone _____ email _____

Address _____ City _____ St _____ Zip _____ Web Site _____ Cell _____

Instructor _____ Rank _____ Style _____ phone _____ Email _____

■ **Would you like to volunteer for WSMA?** _____

Any other information: _____

Describe yourself: _____

■ **Other Instructors** _____ Rank _____ Style _____ others _____

You may visit WSMA website: www.missMartialArts.com for a listing of Martial Arts schools and clubs.
 The WSMA listing of a school is not an endorsement of the training or the facility. Own decision of a risk of training.

Cash, Bank certified check, Money Order only. No personal checks or company checks. Payable to WSMA. No refund any reason.
 Visa, Master Card, Discover Membership: _____
 Acct. No: _____ Exp ____/____/____ Security Code(back of the Card): _____
 Card Billing Address: _____ City _____ ST _____ ZIP _____
 Name on the Card _____ Signature: _____ Amount: \$ _____

Liability Waiver, Terms and Condition

I understand and agree to waive all claims and assume all risk of personal injury (including permanent disability, paralysis and death) occurring or sustained by me while traveling to, attending, or participating in the event or related activities or programs. I may sustain and assume all responsibility for wellbeing of myself, my heirs, personal representatives and assigns. I release WSMA, ISMA, USMAC, MPMA, organization, school (hereinafter WSMA) any of its instructors, supervisors, assistants, volunteers, judges, officers, agents, successors or assigns associated with WSMA: and save harmless WSMA from all losses caused by accident, injuries or deaths to the enrollee or to the third person who maybe contestants of the WSMA or program, In the event that either the contestants or said third person is injured in any way during the performance and execution of said event. Contestants consult your physicians before attending the event. I understand that this agreement is not transferable, I will not claim any refund or compensation unattended events or programs any related with this program at any reason at any time. I read and understand entirely the rules and regulations of the event. I will abide by said rules and regulations. If I violate these rules and regulations, I will be rejected or expelled without any refund, payment or compensation. I understand that if I violate it I will pay all the fees, losses, damages, legal fees and legal costs to the WSMA and WSMA related business. I understand that WSMA may use any of my photos, videos pictures, voice and written documents once I have participated in the events and/or programs. I agree to waive all claim any compensation for any images of me to include pictures, videos, other media used in publicity or advertising of events that are held in conjunction with WSMA or a WSMA event to include but not limited to training, exhibitions, and/or other programs. I understand any submitted material, papers and/or information to WSMA will not be returned.

I acknowledge that I have read and understand this agreement, liability waiver, rules and regulations entirely and completely.

X _____ /____/____
 Signature Date Print - name
 X _____ /____/____
 Signature Date Parent/Guardian's (if Minor)
 X _____ /____/____
 Signature of witness Date Witness