



224 Boardman-Canfield Rd.  
Boardman, Ohio 44512 USA  
1-330-965-9000  
email: wsma@att.net,

## Martial Arts School/Club / Organization Membership Registration

2 ID Photos of primary official

**Must type or print with pen/no pencil**

| For WSMA official use only                     |  |
|--|--|
| <b>Membership since</b><br>_____<br><b>No.</b> | <b>Received \$</b> _____<br><b>Date</b> ____/____/____<br><b>Name:</b> _____ |

■ **Name of Business** \_\_\_\_\_ Business Since \_\_\_\_\_ years \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_  
 Website \_\_\_\_\_ email \_\_\_\_\_ cell \_\_\_\_\_  
 Nature of Business \_\_\_\_\_

■ **Name** \_\_\_\_\_ Title \_\_\_\_\_  M/  F, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Any other contact person: **Name** \_\_\_\_\_ Title \_\_\_\_\_  M/  F,  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

■ **If Any Related Martial Arts Organizations** \_\_\_\_\_

■ **Martial Arts Style** \_\_\_\_\_ **Rank** \_\_\_\_\_ **How long** \_\_\_\_\_ **Organization** \_\_\_\_\_

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■ **Any other occupation or business beside:**

Employed by \_\_\_\_\_ Present position \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

■ **How many Members do you have?** \_\_\_\_\_

**Any other information** \_\_\_\_\_

**Describe yourself:** \_\_\_\_\_

■ **Other Instructors** \_\_\_\_\_ Rank \_\_\_\_\_ How long \_\_\_\_\_ Style \_\_\_\_\_

You may visit WSMA website: [www.missMartialArts.com](http://www.missMartialArts.com) for a listing of Martial Arts Schools.

The WSMA listing of a school is not an endorsement of the training or the facility. Own decision and risk for 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

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 of witness Date Witness