



WORLD SPORTS & MARTIAL ARTS
www.missMartialArts.com

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

WSMA Volunteer Registration

2 ID Photos w/name on the back
Must print with pen/no pencil

You may add more information
back of this page.

Your shirts size:
XS, S, M, L, XL, XXL

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

In USA: <input type="checkbox"/> Regional: <input type="checkbox"/> State: <input type="checkbox"/> National: <input type="checkbox"/>
All other Country: <input type="checkbox"/> District: <input type="checkbox"/> Regional: <input type="checkbox"/> Country National: <input type="checkbox"/>
International Event: <input type="checkbox"/> Representing Country: _____ <input type="checkbox"/> International: <input type="checkbox"/>
■ During the Event: <input type="checkbox"/> Thur. - <input type="checkbox"/> Fri. - <input type="checkbox"/> Sat. - <input type="checkbox"/> Sun - <input type="checkbox"/> Other Time _____ - _____ <input type="checkbox"/> MC/Master of Ceremony <input type="checkbox"/> Judges <input type="checkbox"/> Computer <input type="checkbox"/> Data Processing <input type="checkbox"/> Coordinator <input type="checkbox"/> Photography <input type="checkbox"/> Video <input type="checkbox"/> Award Presentation <input type="checkbox"/> Security <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Timekeeper <input type="checkbox"/> Site Engineering <input type="checkbox"/> Usher
■ Preparation & the Event: <input type="checkbox"/> Friday, <input type="checkbox"/> Sat. <input type="checkbox"/> Sun _____ <input type="checkbox"/> Judges <input type="checkbox"/> Scorekeeper <input type="checkbox"/> MC- Master of Ceremony <input type="checkbox"/> Coordinator <input type="checkbox"/> Data Processing <input type="checkbox"/> Award Presentation <input type="checkbox"/> Security <input type="checkbox"/> Photography <input type="checkbox"/> Video <input type="checkbox"/> Site Engineering <input type="checkbox"/> Others _____
<input type="checkbox"/> Marketing specialists <input type="checkbox"/> Competition coordination <input type="checkbox"/> Community relations <input type="checkbox"/> Security expert <input type="checkbox"/> Program book <input type="checkbox"/> Business managers <input type="checkbox"/> Awards committee <input type="checkbox"/> Business development <input type="checkbox"/> Public relation <input type="checkbox"/> Photographers <input type="checkbox"/> Ticket sales & Ushers <input type="checkbox"/> Scholarship committee <input type="checkbox"/> Production specialist <input type="checkbox"/> Transportation <input type="checkbox"/> Logistics specialist <input type="checkbox"/> Merchandise organizer <input type="checkbox"/> Board members <input type="checkbox"/> Web site specialist <input type="checkbox"/> Gift Liaisons <input type="checkbox"/> Backstage manager <input type="checkbox"/> Advertising <input type="checkbox"/> Registration <input type="checkbox"/> Publicity <input type="checkbox"/> Hospitality <input type="checkbox"/> Event Journalist <input type="checkbox"/> Local, regional, state and international promoters/marketing <input type="checkbox"/> State, Local directors and International directors
Master Ceremony: Local and national news media professionals Judges: from martial arts field, non-martial arts community, local leaders and high level of professionals.
■ What field: _____ Specialty: _____ Qualifications: _____ Experience: _____

■ 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 _____
■ Martial Arts School: _____ phone _____ email _____
 Address _____ City _____ St _____ Zip _____ Web Site _____ Cell _____
 Instructor _____ Rank _____ Style _____ phone _____ Email _____

Any contestants, judges, officials and volunteers must not have any illegal act, felony, criminal, misdemeanor or record. If anyone falsifies or violate before, during or after the event he/she will be automatically disqualified, rejected and/or expelled from any WSMA events, but any applications, documents or fees will not be returned or refunded.

Liability Waiver, Terms and Condition

I understand and agree to waive any and all claims and assume all risk of personal injury (including permanent disability, paralysis and death) occurring or sustained by me while traveling to, attending, training, performing, or participating in the event or related activities or programs if necessary. I may sustain and assume all responsibility for wellbeing of myself, my heirs, personal representatives and assigns. I release WSMA, ISMA, USMAC, MPMA, organization, schools(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 WSMA 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, punitive 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 submitted or 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 WSMA events to include but not limited to training, exhibitions, and/or other programs, and any and all submitted material: electronic audios, pictures, videos, data and/or files, papers and/or information to WSMA will not be returned and I will not claim any compensation whatsoever. I understand that I am responsible for shipping and handling fees to receive certificates, awards, any other purchasing and/or receiving items from WSMA or related. This application is for one competition, event or program only, but WSMA has the right change the term. I understand that WSMA is the only party has the right for the decision of any geographical region, monthly, quarterly, semi-annual, annual competition schedule and venues for the events.

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 name (if Minor) _____