



Millard South High School  
May 30, 2019

**United States Mail Pre-Registration Closes 4/1/2019**  
**Mail Form /Checks Payable to:**  
**Omaha Blue Waves - ONMAC**  
 13803 Industrial Rd. Omaha, NE 68137  
 (402) 215-6003  
 Cashier's Check Enclosed  Money Order Enclosed  School Business Check  
 DO NOT SEND CASH THROUGH MAIL - NO PERSONAL CHECKS

**ONMAC Competitor Information** [www.omahanationalmartialartschampionship.com](http://www.omahanationalmartialartschampionship.com)

FIRST NAME		LAST NAME		MIDDLE NAME	
STREET ADDRESS			CITY	STATE	ZIP PLUS 4
HOME PHONE		CELL PHONE		EMAIL ADDRESS	
AGE	SEX	CHECK ONE: <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> BLACK BELT	CHECK ALL THAT APPLY: <input type="checkbox"/> FORMS <input type="checkbox"/> SPARRING <input type="checkbox"/> WEAPONS <input type="checkbox"/> SELF DEFENSE <input type="checkbox"/> CREATIVE FORMS <input type="checkbox"/> TEAM FORMS <input type="checkbox"/> CONTINUOUS SPARRING		

**Instructor/Martial Arts School Information [help win prizes for your school—Optional]**

LAST NAME		FIRST NAME		MA SCHOOL NAME	
STREET ADDRESS			CITY	STATE	ZIP PLUS 4

**Parent/Guardian Information (under 19)**

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS—IF INFORMATION IS THE SAME AS COMPETITOR WRITE SA			CITY	STATE	ZIP PLUS 4
HOME PHONE		CELL PHONE		EMAIL ADDRESS	

**Registration Information for ONMAC XII 2019**  
 PRE-REGISTER AND SAVE!!!! ----- PRE-REGISTRATION ENDS MAY 1, 2019

SUNRISE DIVISIONS: REPORT BY 8:00 AM (MUST BE REGISTERED FOR **MAIN EVENT)					
	Pre-Registration	Door Event		Total	
Self-Defense *8:30 AM	\$ 8.00	\$10	_____	= \$	_____
Team Forms *9:00 AM	\$ 8.00	\$10	_____	= \$	_____
*MAIN EVENTS REPORT BY 10 AM					
*Traditional Forms and/or Point Sparring	\$45.00	\$50	_____	= \$	_____
Weapons Forms	\$ 8.00	\$10	_____	= \$	_____
Creative Forms	\$ 8.00	\$10	_____	= \$	_____
Continuous Sparring (ADV/BB ONLY)	\$ 8.00	\$10	_____	= \$	_____
Spectator Registration:					
Adult Spectator Per Person	\$ 5.00	\$ 8	_____ x _____	= \$	_____
Children Spectator Under 12	Free	\$ 5	_____ x _____	= \$	_____
				Total	= \$ _____

Official Hotel - Holiday Inn Express: 402-999.4800 or 800-465-4329 Booking Code: OMC \$89+Tax  
 EVENT TICKETS/INFORMATION for USKF Black Belt Hall of Fame Call: 402-215-6003

**Information and Liability Waiver**

By completing this application, I am confirming that I understand martial arts competition, like all contact sports, involves the risk of serious injury or death. I am knowingly and intelligently waiving my rights to bring legal action against Five Elements Massage, Martial Arts, and Oriental Health LLC, DBA Omaha Blue Waves Martial Arts, the Omaha National Martial Arts Championship, Millard Public Schools, the Omaha Film Festival, the United States Kido Federation, the tournament director, the tournament staff, judges, volunteers, or employee thereof for any injury or loss arising out of my choice to participate in this tournament and associated events. I make this agreement binding upon my heirs and assignees AND indemnify all entities list above for any action taken by any other person on behalf of myself or my minor child. I have been advised that I should not participate in Omaha National Martial Arts Championship if I have a question about my health or if I have been advised by a physician not to participate in a physically strenuous sport. I affirm that I am covered by medical insurance. I, also, waive compensation for the use of my image, voice, video, or likeness used in conjunction with this tournament, and associated events, show, or documentary. I understand that I may be requested to provide proof of age upon request.

Competitor Signature  
 \_\_\_\_\_

Parent/Guardian (if under 19)  
 \_\_\_\_\_

Please attach a cashier's check or money order with registration. Never send cash through mail. **Pay w/ Credit Card Below: MC, VISA, Discover**

Name on Card: \_\_\_\_\_ Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Authorization Signature \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Phone Number of Card Holder: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Total Authorized Amount: \_\_\_\_\_