

1st Annual
SeptemberFest
 Martial Arts Championship
 Saturday, August 31, 2019

United States Mail Pre-Registration Closes 8/15/2019
Mail Form /Checks Payable to:
Omaha Blue Waves – SFMAC
 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

SEPTEMBERFEST-MAC Competitor Information

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 SFMAC 2019					
PRE-REGISTER AND SAVE!!!! ----- Snail Mail PRE-REGISTRATION ENDS AUGUST 15, 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 10:30 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 _____	=	\$ _____
(Sorry No Refunds)			Total	=	\$ _____

Information and Liability Waiver
<p>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 SeptemberFest Martial Arts Championship, SeptemberFest Omaha, the City of Omaha, 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 SeptemberFest 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.</p>
Competitor Signature
Parent/Guardian (if under 19)

THE SEPTEMBERFEST MARTIAL ARTS CHAMPIONSHIP IS SPONSORED BY SEPTEMBERFEST-OMAHA, OMAHA BLUE WAVES MARTIAL ARTS, AND THE OMAHA NATIONAL MARTIAL ARTS CHAMPIOSHIP. JOIN US ON THE MIDWAY!!!!

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: _____