OMAHA NATIONAL MARTIAL ARTS CHAMPIONSHIP XIX
DOORS OPEN 8 AM
Saturday, March 28, 2026
MILLARD WEST HIGH SCHOOL
5710 S. 176TH ST. OMAHA, NE 68135

United States Mail Pre-Registration
CLOSES March 12, 2026
Mail Form & Make Cashier Checks Payable to:
Omaha National Martial Arts Championship or ONMAC
% Omaha Blue Waves Martial Arts
15117 Industrial Rd. Omaha, NE 68144

Competitor Information

First Name	Last Name	M.I.

Age	Sex	Phone	Email

CHECK ONE
[ ] Beginner
[ ] Advanced
[ ] Intermediate [ ] Black Belt

PARENT/GUARDIAN INFORMATION

First Name

Last Name

Phone

Email

$$$ PRE-REGISTER AND SAVE $$$

SUNRISE DIVISIONS: REPORT TO MAIN FLOOR BY 8:30 AM
REGULAR EVENTS: REPORT TO MAIN FLOOR BY 10 AM

ALL COMPETITORS MUST SELECT AN OPTION BELOW
Choose Divisions [ ] Sparring [ ] Forms. [ ] Both

	PRE REG	AT DOOR		
MAIN EVENTS	**$. 45.00**	**$50**	_____	= $_____
ADD ON EVENTS				
Weapons Forms	$ 8.00	$10	_____	= $_____
Creative Forms .	$ 8.00	$10	_____	= $_____
SUNRISE AD ON EVENTS				
Self-Defense	$ 8.00	$10	=	$_____
Team Forms	$ 8.00	$10	_____	= $_____

Spectator Registration:			Number x Cost	
Adult Per Person	$ 5.00	$ 8	_____x_____	= $_____
Children Under 12	Free	$ 5	_____x_____	= $_____

*No Refunds

Total = $

Informed Consent and 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.

Parent/Guardian Signature	*Competitor Signature*

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: _____ ZIP CODE _____Authorization Signature_____

Address of Cardholder: _____

Phone Number of Card Holder: (____) _____-_____ Total * _____ (*$5 CC PROCESSING FEE)

Martial Arts School	**MA Instructor Name**

REGISTER ON-LINE AT OMAHANATIONALMARTIALARTSCHAMPIONSHIP.COM
DO NOT SEND CASH OR PERSONAL CHECKS - NO REFUNDS