

# Queen Charlotte's Cup at The Peaceful Dragon – March 11, 2017

## Registration Form

(Please Print Clearly - All Fields Required)

Last Name \_\_\_\_\_ MI \_\_\_\_\_ First Name \_\_\_\_\_

Gender M/F \_\_\_\_\_ Birthdate \_\_\_\_\_ Weight \_\_\_\_\_ Years of Training \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Enter Email \_\_\_\_\_

Martial Arts School Name/Address \_\_\_\_\_

Instructor \_\_\_\_\_ School Phone \_\_\_\_\_

School Email \_\_\_\_\_ Website \_\_\_\_\_

Enter division numbers below (1 division per box).

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Registration (unlimited events) **CACMA MEMBERS ONLY** ..... \$ \_\_\_\_\_ \$55

Registration (unlimited events) Non-Members ..... \$ \_\_\_\_\_ \$65

TOTAL ENCLOSED ..... \$ \_\_\_\_\_

I \_\_\_\_\_ the undersigned, knowingly and without duress voluntarily submit my entry in the Queen Charlotte's Cup. I assume all risk of physical and mental injuries, disabilities, and losses that may result from or in connection with my participation in the Championship. Acting for myself, heirs, personal representatives, and assignees, I do hereby release the CACMA, its agents, officers, representatives, sponsors, volunteers, and all other related members from all claims, actions, suits, and controversies at law by reason of a matter or cause sustained by me as a result of or in connection with my participation in the Championship. I also understand that participation in the Championship, especially but not limited to sparring, Sport Sanda, grappling, Shuai Jiao (Chinese wrestling), Chi Sao, and other reaction skills events, entails a great risk of injury, and I assume full responsibility for my actions intentional or otherwise. I fully understand that any medical attention or treatment afforded to me on site by the Championship will be of a first-aid nature only, and I release its agents, officers, representatives, sponsors, volunteers, and other related members and entities from any liability from such aid. I consent that any pictures or video furnished by me or any pictures or video taken of me at the tournament can be used for publicity, promotion, or media showing now or in the future and I waive compensation in regards thereto. I have read and fully understand the rules, regulations, and general information published by the Championship and agree with them in their entirety. I understand that I may be dismissed from the Championship for unsportsmanlike conduct without refund of my entry fees. I have read and fully understand the above waiver.

DATE \_\_\_\_\_

**COMPETITOR MUST SIGN** (or Parent/Legal Guardian if competitor is under 18)

Send signed entry form and payment to  
CACMA  
PO Box 23043  
Charlotte NC 28227

For up to date tournament info, go to [www.camca.com](http://www.camca.com)