



U.S. Association of Martial Artists

Grand Nationals Tournament & Seminar Symposium



April 4 - 6, 2025 * * Albuquerque, New Mexico

Must be Postmarked by March 21, 2025 to be "Pre-Registered." After that they are "At Door" Registrations.

Entry Form

NAME _____ Competitor's AGE on April 5, 2025 _____

ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____

TIME IN MARTIAL ARTS: _____ YEARS _____ MONTHS _____ SEX M / F PHONE: _____

*USAMA MEMBER # _____ BELT RANK (Color, or Dan Level, if applicable): _____

SCHOOL _____ INSTRUCTOR _____

E-MAIL ADDRESS _____

Please Register me for the following:

INDIVIDUAL COMPETITOR EVENTS:

_____ Forms (Kata) Special Needs Div: _____

_____ Sparring (Kumite) Special Needs Div: _____

_____ Weapons (Kobudo) Special Needs Div: _____

_____ Chanbara

_____ TDS (Take Down Sparring)

_____ Koshiki (Armored Multi-Point Sparring)

_____ Team Sparring (Adult Black Belts)

Pre-Registered Postmarked by March 21st	At Door
One or Two Events \$129	\$145
Three or Four Events \$139	\$155
Five or Six Events \$149	\$165



Total for Individual Events: \$ _____

TEAM EVENT (Adult Black Belts Only):

TEAM FEES PER EVENT	
Pre-Registered	At Door
\$15 per Person	\$20 per Person



Total for Team Events: \$ _____

Waiver: I understand that karate is a contact sport. I am aware that I am participating in an activity which involves physical contact and injuries may occur which may potentially involve Covid & other virus contact, bodily harm or even death and do so at my own risk. I waive any claim or cause of action I may have against the promoters of the tournament, Sue Hawkes, the Isleta Resort & Casino, the judges, tournament personnel, other competitors, seminar instructors, and the U.S. Association of Martial Artists Inc. that may arise out of my participation in this tournament and/or seminars. I further agree to indemnify and hold harmless the promoter, Sue Hawkes, the Isleta Resort & Casino, the judges, tournament personnel, seminar instructors, and the U.S. Association of Martial Artists Inc., for any injuries, sickness, Covid & other viruses, or damages which may arise due to my participation in the tournament and/or seminars. I state that I do not suffer from Covid or any virus symptoms, and/or physical and/or mental conditions which may affect my participation in this tournament. I further agree to conduct myself in a sportsmanlike and safe manner and understand if I fail to do so, I may be disqualified from the tournament and not entitled to a refund. I also hereby give permission to medical personnel to administer First Aid or Emergency Treatment if, in their opinion, it becomes necessary. I hereby grant the U.S. Association of Martial Artists, Inc. ("USAMA") permission to use my likeness in a photograph, video, or other digital media ("photos") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the USAMA. I agree to comply with the local public health orders. I understand that the event schedule is subject to change to comply with public health orders. I realize no refunds will be given for this event.

Competitor's Waiver Signature ** _____ Date _____

**(Parent or guardian must sign if under 18)

Total for **Individual** Competitor Events Total: \$ _____

USAMA Members: <Discount> ***Current USAMA Member Competitor Discount (-\$10.00)** Less: \$ - _____

Total for **Team** Events Total: \$ _____

Number of **One Day** Spectator Passes (4 to 9 yrs.) _____ X \$5.00 Circle One: Sat. or Sun. Total: \$ _____

Number of **One Day** Spectator Passes (10 yrs. & up) _____ X \$20.00 Circle One: Sat. or Sun. Total: \$ _____

Number of **Two Day** Spectator Passes (4 to 9 yrs.) _____ X \$10.00 Total: \$ _____

Number of **Two Day** Spectator Passes (10 yrs. & up) _____ X \$30.00 Total: \$ _____

Number of **Two Day Video Passes (Includes Spectator Fee)** (Allows Limited Ring-Side Access Except During Finals) _____ X \$45.00 Total: \$ _____

Total for **Seminar/Symposium (From Back of Form)** (Select Seminars on Back) Total: \$ _____

Adult Banquet Tickets # of Tickets _____ X \$55 = Total: \$ _____

(Banquet Tickets Must be Purchased by March 21st! NO Banquet Tickets Available at Door)

Child Banquet Tickets (9 yrs. & under only) # of Tickets _____ X \$25 = Total: \$ _____

Payment Enclosed: (Make Check or Money Order Payable to "USAMA") ... (No Checks at Door) **Total: \$ _____**



Credit Card Payments & Registrations Accepted Online for security at www.usamartialartists.org

2025 USAMA Grand Nationals Seminar Symposium

Registration Entry Form Continued...

Fill out Reverse Side, and select your **Seminars** below:

Name of **Seminar Participant**: _____ (Check Box)

Thanh Nguyen - Sparring

Bruce Heilman - Sai Kata and Manipulation

Robert Bowles - Crane Kata

Michel Laurin - Koshiki

Tim VanDenover - Chanbara

Eli Guzman - Take Down Sparring

One Seminar \$65 * Two Seminars \$125 * Three Seminars \$180 * Four Seminars \$230
Five or Six Seminars (All Seminars) (*Best Deal*) \$269

Number of Seminars _____ **Total For Seminars:** \$ _____

END OF TOURNAMENT AND SEMINAR REGISTRATION FORM

We invite you to join the

U.S. Association of Martial Artists

A Member Organization for All Martial Artists

Your Individual USAMA Membership includes: Your Patch * Membership Card *

* National Tournament Points Competition * Discounts on Many USAMA Events

* Access to International Network of Martial Arts Schools *

* Internationally-Recognized Rank Certification *

Individual Membership Application

Please Print

NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ SEX: M / F

BELT RANK (Include Color, Kyu, Keup, Grade, Degree, or Dan Level, if applicable) _____

STYLE _____ INSTRUCTOR _____

SCHOOL _____ E-MAIL ADDRESS _____

Applicant's Signature* _____ Date _____

**New Membership Fee for under Black Belts: \$40.00 * New Membership Fee for Black Belts: \$45.00
Annual Membership Renewal Only: \$35.00 * Ask about Lifetime Membership!**

Payment enclosed (paid by cash, check, money order, Visa, or M/C).....Total Enclosed: _____

If paying by credit card: Circle One : Visa M/C Enter Card Number _____

Expiration date |__|__| - |__|__| CVS _____

Signature of Cardholder _____ Billing Zip Code _____