



UNITED COMBAT MARTIAL ARTS ALLIANCE

MEMBERSHIP FORM

New Member Change/Update

Full Name: _____ Nick name: _____

Physical Address: _____
Street/PO Box, City, State, ZIP

Mailing Address: _____
Street/PO Box, City, State, ZIP

Phone: _____ Cell: _____

Email: _____

Age: _____ Sex: _____ Date of Birth: _____

Previous rank and art: (if any) _____

In case of emergency Name: _____

Phone #: _____

Member of Dojo/Sensei: _____

I give UCMAA permission to photograph/video me for advertisement purposes, on website or Facebook page.

I certify that my health is in good condition to permit me to enter martial arts training. I understand that a certain degree of risk is involved when engaged in martial arts training. I hereby release UCMAA, its instructors and appointed officials, heirs, and any activity connected to UCMAA for any/all injuries (or death) that I may receive while training. This includes loss of monies and personal possessions. I further agree to abide by the published rules and regulations of UCMAA and understand that if I fail to do so, I can lose my membership and any/all ranks issued under the authority of UCMAA.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____