



Omaha National Martial Arts Championship



AAA Rated

OMMAC 2012

Tournament Saturday, May 19, 2012

Millard South High School 14905 Q St. Omaha, NE 68137

EVENT SCHEDULE

SEMINARS

Friday May 18, 2012
 Hilton Garden Inn West
 Omaha (178th & Chicago)
 1 - 7 PM - FREE Seminars Begin
Sponsored by the US Kido Federation

TOURNAMENT

Saturday May 19, 2012
 Millard South Main Gym
 8:00 AM Registration Opens
 10:00 AM Tournament Begins



MMAL AAA Sanctioned Event



USKF AAA Sanctioned Event



WOMAA World Games Pre-Qualifier



Hilton Garden Inn - West Omaha

To reserve your room:
 1-402-289-9696
 and ask for the
 Omaha National Martial Arts Championship
 SPECIAL Event Deal.

Register On-Line
 at ACTIVE.COM

Join our
 facebook
 group

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www.omahanationalmartialartschampionship.com

Questions: Jeff or Michele Helaney (402) 215-6003 or (402) 215-6017



Pre-Registration Ends 5/5/12

ONMAC Competitor Information

Mail Form/Checks Payable to:
Omaha Blue Waves Martial Arts
 14205 U St. Omaha, NE 68137

LAST NAME		FIRST 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	

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 18)

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

Preregister and Save! **SAVE ON-Line Until 5/5/12**

	Pre-Registration Prices	Door	Event <input checked="" type="checkbox"/>	Total
Traditional Forms	\$ 40.00	\$45		= \$ _____
Point Sparring				= \$ _____
<i>Discounted Pre-Registration and at the Door prices include mandatory registration in the forms and sparring divisions. Stand Alone (Not Registered for Forms or Sparring) division costs are listed below.</i>				
Weapons Forms	Stand Alone \$20 \$ 10.00	\$10		= \$ _____
Self-Defense	Stand Alone \$20 \$ 5.00	\$10		= \$ _____
Creative Forms	Stand Alone \$20 \$ 5.00	\$10		= \$ _____
Team Forms	Stand Alone \$20 \$ 5.00	\$10		= \$ _____
Spectator Registration:				
Adult Spectator Per Person	\$ 5.00	\$ 8	x	= \$ _____
Children Spectator Under 12	Free	\$ 5	x	= \$ _____
US Mail -Pre-Registration Closes 5/1/2012				Total = \$ _____

SPECIAL EVENTS

Yes No Seminars—FREE to competitors—All others must register at door.

Cashier's Check Enclosed Money Order Enclosed School Business Check
 Make Checks Payable: Omaha Blue Waves Martial Arts—ONMAC
 14205 U St. Omaha, NE 68137

SORRY! CASH ONLY AT THE DOOR! Register On-Line at active.com

Credit Card Registration Authorized Amount: _____

Name as It appears on Card (PLEASE PRINT) _____

Visa Discover Master Card _____ Expiration Date Month _____ Year _____

3 SEC/Code _____ Credit Card Number _____ - _____ - _____

Authorizing Signature: _____

Information and Liability 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 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 assigns. 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.

Competitor Signature

Parent/Guardian (if under 18)
