MARTIAL ARTS SOUTH AFRICA

REFEREE AND OFFICIAL REGISTRATION FORM 2026

MASA Certified Referee / Official (Y/N) Attending as: Referee ☐ Official ☐

Date of Certification: (dd/mm/yyyy) Place Certified: _____

FIRST NAME:		**LAST NAME:**	
ID Number:		Rank:	
Email Address:		Phone Number:	
Style:		Instructor:	
Email Address:		Phone Number:	

TRADITIONAL ☐ COMBAT ☐ GRAPPLING ☐ MMA ☐

Centre Referee ☐ Referee ☐ Draw sheet Official ☐

Time Keeper ☐ Digital Official ☐ Other: _____

T-Shirt Size:

Referee: (X) Official: (X)

Small	Medium	Large	X Large	2 XL	3 XL	4 XL	5 XL

MASA Sublimated Tie R280	QTY		MASA Sublimated Scarf R250	QTY

Each organization or style participating in the MASA event must provide referees and officials for the duration of the event. Only officials and referees will receive free entry passes. If you register as a referee or official, note that a limited number of these passes will be granted. Registration does not guarantee free access to the event.
A final list of referees will be announced prior to the event.

I, _____the undersigned, do hereby voluntarily submit my application for attendance and participation and assume full responsibility for any and all damages, injuries, or losses that I may incur while attending or participating. I hereby waive all claims against the promoters, sponsors, MASA, and their affiliates of the said tournament, individually or otherwise, for any damage, injuries, or losses that I may sustain or incur. I fully understand that any medical treatment given to me will be first aid treatment only. I consent to the use of any pictures furnished by me or taken of me in connection with this tournament for publicity, promotion, or television showing now or in the future, and I waive compensation regarding this. I have read and fully understand the above waiver (if under 18, this form must be signed by a parent or guardian). I hereby agree and verify that I am medically fit and able to participate in the event and confirm that it is my responsibility to inform my Instructor/Team Manager of any illness or injury that I may have that will affect my health or the safety of my fellow competitors.

_____	_____	_____
Signature of Referee / Official	Signature of Parent or Guardian if under 18 years	Date