



**THE EDUCATIONAL MARTIAL ARTS SYSTEM, INC.**  
**VARSITY MARTIAL ARTS LEAGUE**

*"A NON-PROFIT CORPORATION FOR THE FURTHER ENHANCEMENT OF THE ARTS."*

*International Headquarters 12285B World Trade Drive, San Diego, CA 92128*

*Phone: (858) 487-6406 Fax: (858) 673-4137*

*Email: membership@vma.org Website: www.vma.org*

## APPLICATION FOR MEMBERSHIP

Junior Varsity Letter Membership  
8th through 12th Grade

Varsity Letter Membership  
10th through 12 Grade

Collegiate Varsity Letter  
Continued Education

### APPLICANT INFORMATION:

Country: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    Initial                    Last                    suffix

Address Street: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If applicant is under the age of 18 guardian information is required.

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

By signing here and on the reverse side of this application I am agreeing that all of the information is accurate and true, and agree to the terms and conditions outlined on the reverse side.

Applicant: \_\_\_\_\_

Guardian: \_\_\_\_\_  
If the applicant is under 18 years of age.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Martial Arts School/Program:

School/Club Name: \_\_\_\_\_

Applicant Rank: \_\_\_\_\_ Applicant number of years training: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Instructor's Rank: \_\_\_\_\_

Address: \_\_\_\_\_ Instructor's Position: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Scholastic School** (currently attending):  Middle School  High School  College

Educational Format:  Public  Private  Charter  Home  College

School Name: \_\_\_\_\_ Current Class/Grade: \_\_\_\_\_

School Contact: \_\_\_\_\_  Counsler  Teacher  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- TEMAS OFFICE - OFFICIAL USE ONLY -

Membership No: \_\_\_\_\_ Region: \_\_\_\_\_ Issue Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry by: \_\_\_\_\_



**Initial Here**



## TERMS AND CONDITIONS

\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Guardian

I am applying for membership in the Varsity Martial Arts League (VMAL) a part of The Educational Martial Arts System, Inc. (TEMAS). This membership is for the sole purpose of providing honest and accurate information for my application in the validation process of obtaining my varsity letter through TEMAS VMAL. Junior Varsity, Varsity and Collegiate Varsity Letters are hereby known as Varsity Letter.

\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Guardian

I agree that representatives of VMAL and TEMAS may contact any and all of the sources and names submitted in this application for verification and any additional contacts either named or unnamed may be contacted to complete the screening process to either confirm or deny the receipt of this Varsity Martial Arts League Varsity Letter. Forms of contact will include but not limited to: portal generated e-mail, personal e-mail, phone contacts, postal letters and in person contact.

\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Guardian

I Agree that my Scholastic School and Martial Arts School has permission to access and update both the VMAL Portal or VMAL verification forms e-mailed, faxed or mailed in direct regard to my application for the Varsity Letter achievement.

\_\_\_\_\_  
Guardian

Scholastic school requirements:

- The participant is actively enrolled in the school indicated on the reverse side.  
If the school changes the applicant has sixty days to notify VMAL.
- Junior Varsity Letters are awarded to 8th, and 9th grade enrollees.
- Junior Varsity Letters are awarded to 10th through 12th grade enrollees with less than 2 years martial arts training.
- Varsity Letters are awarded to 10th through 12th grade enrollees with 2 or more years martial arts training.
- The participant must maintain a minimum grade point average of 2.5.
- VMAL must have confirmation of the above from the Scholastic School that is entered on reverse side.

Each achievement year covers the calendar dates from June 1 through May 31.

Martial Arts School requirements:

- The participant to be actively enrolled in the school indicated on the reverse side.  
If the school changes the applicant has sixty days to notify VMAL.
- Applicant must participate in a minimum of four (4) championships through the scholastic year.  
(Championship Date, Name, contact information, proof of participation and instructor verification required)
- Applicant must train/attend a minimum of one hundred (100) hours through the scholastic year.
- Applicant must assist or participate in a minimum of nine (9) hours of additional martial arts activities per year.  
(Examples: belt tests, exhibitions, leadership classes, assist in classes, championships, clinics or camps)
- VMAL must have confirmation of the above from the Martial Arts School that is entered on reverse side.

Upon reaching the necessary requirements a Varsity Letter Award Letter will be electronically sent to the Participant, Guardian, Scholastic School and Martial Arts School. Any sports award presentation will be a cooperative effort with one or more of the Schools on the reverse side of this application. I understand that upon receipt of Award Letter I may purchase Insignia 'MA' Letters, Formal Certificates, Varsity Jackets, apparel and Rings at my own expense from approved suppliers.

\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Guardian

TEMAS and VMAL is a national recognized program by an accredited non-profit organization. I accept and hold harmless VMAL, TEMAS, Directors, associates, employees and family in the process of acceptance, approval and accept any result awarded or not awarded.

\_\_\_\_\_  
Applicant  
\_\_\_\_\_  
Guardian

My VMAL membership is a \$45/yr annual membership and becomes active upon receipt of payment. This annual \$45/yr membership is a donation to TEMAS and is non refundable. I may elect to cancel prior to the anniversary date by canceling the subscription payment online at the VMAL Portal. Initial enrollment may be made directly to TEMAS.

**My initials above and signature below are declaration and all of the information is accurate and true, and I agree to the Terms and Conditions of the VMAL.**

Applicant: \_\_\_\_\_

Guardian: \_\_\_\_\_

If the applicant is under 18 years of age.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_