

2025 WORLD CUP OPEN MARTIAL ARTS CHAMPIONSHIP REGISTRATION FORM (Saturday, January 11th, 2025)

Last Name	First Name and M.I.	Age	DOB	Gender	<input type="radio"/> M <input type="radio"/> F
Address			Country/City	State	Zip Code
<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced	Belt Color (Rank)	Area Code	Phone	
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Black Belts				
E-Mail:					

Martial Arts School: _____

Martial Arts Instructor: _____



Please make Check or Money Order payable and Mail to: **(DO NOT SEND CASH) OR Use (PayPal.Me/SIDEKICK) to Pay SIDEKICK, Inc. or JOHN CHUNG, P.O. Box, 3276, McLean, VA 22103-3276**
***e-mail Registration with Credit Card number information to 1800sidekick@gmail.com* before 12/07/2024**

Please read the following and sign: All participants under 18 years of age must have parent/guardian's signature. The participant/parent/guardian agrees to comply with the rules of the World Cup Open Martial Arts Championship. Participant/Parent/Guardian acknowledges that competition in this event involves physical contact and other activity which may cause injury to the participant. In consideration for allowing Participant/Parent/Guardian to compete in this event, Participant/Parent/Guardian hereby releases and waives any and all claims or causes of action against WCMAO, SIDEKICK, INC, Hilton Washington Dulles Airport, their directors, officers, employees, agents, and/or their insurance carriers, or any other person connected with the World Cup Open Martial Arts Championship including but not limited to John Chung, for any injuries of whatever nature the participant may sustain while participating in, spectating, attending and/or leaving the World Cup Open Martial Arts Championship. Participant/Parent/Guardian acknowledge that he/she/his or her child has had and passed a complete physical examination from a licensed physician within the past 12 months and that the participant is physically and mentally fit to participate in the World Cup Open Martial Arts Championship. Should any liability be imposed upon WCMAO, SIDEKICK, INC, Hilton Washington Dulles Airport, their directors, officers, employees, agents, and/or their insurance carriers, or any other person connected with the World Cup Open Martial Arts Championship including but not limited to John Chung, by a court of competent jurisdiction, it is expressly agreed that the amount of such liability shall not exceed the out of pocket costs for medical treatment or \$2,000.00, which ever is less. All monies paid are non refundable. Lastly, participant/parent/guardian hereby waives any compensation whatsoever for use of pictures, videotape, media coverage, statements, interviews, etc., utilized by those producing or directing this event at any time.

Signature _____ Print Name _____

(Parent or Legal Guardian if under age 18 years old) Competitor's Name _____ Date _____

WE HAVE THE RIGHT TO REFUSE YOUR PARTICIPATION IN ALL MANNERS AND THE RIGHT TO ASK YOU TO LEAVE THE TOURNAMENT

You may enter in as many divisions as you are able to compete

***Use (PayPal.Me/SIDEKICK) To Pay* Cash Only at the Door!**

Self Defense: <input type="checkbox"/>	Traditional Weapons: <input type="checkbox"/>	Traditional Forms: <input type="checkbox"/>	Exodus: <input type="checkbox"/>	Point Sparring: <input type="checkbox"/>	Breaking: <input type="checkbox"/>
Handicapable: <input type="checkbox"/>	Open Weapons: <input type="checkbox"/>	Open Forms: <input type="checkbox"/>	Beethoven: <input type="checkbox"/>	Continuous Sparring: <input type="checkbox"/>	Extreme Breaking: <input type="checkbox"/>
	Extreme Weapons: <input type="checkbox"/>	Extreme Forms: <input type="checkbox"/>	Granada: <input type="checkbox"/>		
Team Demonstration: <input type="checkbox"/>	Musical Weapons: <input type="checkbox"/>	Musical Forms: <input type="checkbox"/>			
	Team Weapons: <input type="checkbox"/>	Team Forms: <input type="checkbox"/>	Team Pairs: <input type="checkbox"/>	Team Sparring: <input type="checkbox"/>	Team 2 on 2 Sparring: <input type="checkbox"/>

Team Name: _____ Team Representative/Coach: _____

	On or before November 09, 2024			After 11/09/24, before 12/07/24:			After 12/07/24 or At the door (Cash Only):		
	Count	Cost	Total	Count	Cost	Total	Count	Cost	Total
1st Event	1	x \$65	\$65	1	x \$75	\$75	1	x \$90	\$90
Additional Event (s)		x \$35	\$		x \$45	\$		x \$60	\$
Spectators		x \$20	\$		x \$25	\$		x \$30	\$
Banquet Dinner		x \$95	\$		x \$115	\$		x \$135	\$
Total		\$			\$			\$	

CASH		CHECK #		PayPal Receipt:		TOTAL AMOUNT ENCLOSED
CREDIT CARD #				Expiration Date:	Security Code:	
Printed Name:						\$
Signature:						

I authorize SIDEKICK, Inc to charge the above card number in the amount stated under "Total Amount Enclosed."

e-mail Application to: 1800sidekick@gmail.com **Please Wear Your Participation Wrist Band At All Times!**