2026 WORLD CUP OPEN MARTIAL ARTS CHAMPIONSHIP REGISTRATION FORM (Friday, Saturday, January 16th, 17th, 2026)

Last Name		First Name and M.I.		Age		Date Of Birth		Gender	○ M ○ F

Address		Country/City		State	Zip Code

☐ Beginner ☐ Advanced
☐ Intermediate ☐ Black Belts

Belt Color (Rank)

Area Code Phone

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!

Events:

Self Defense: ☐	Traditional Weapons: ☐	Traditional Forms: ☐	Exodus: ☐	Point Sparring: ☐	Breaking: ☐
Handicapable: ☐	Open Weapons: ☐	Open Forms: ☐	Beethoven: ☐	Continuous Sparring: ☐	Extreme Breaking: ☐
	Extreme Weapons: ☐	Extreme Forms: ☐	Granada: ☐	Point MMA: ☐	
	Musical Weapons: ☐	Musical Forms: ☐			
Team Demonstration: ☐	Team Weapons: ☐	Team Forms: ☐	Team Pairs: ☐	Team Sparring: ☐	Team 2 on 2 Sparring: ☐

Team Name: _____ **Team Representative/Coach:** _____

FRIDAY SEMINARS: Double Nunchakus: ☐ Self Defense: ☐ Forms: ☐ Seminar: x $50 $ Seminar: x $75 $

	On or before November 01, 2025			After 11/01/25, before 12/06/25:			After 12/06/25 or At the door (Cash Only):		
	Count	Cost	Total	Count	Cost	Total	Count	Cost	Total
1st Event	1	x $70	$70	1	x $75	$75	1	x $90	$90
Additional Event (s)		x $40	$		x $50	$		x $60	$
Spectators		x $20	$		x $25	$		x $30	$
Coach's Pass		x $50	$		x $50	$		x $50	$
Banquet Dinner		x $110	$		x $125	$		x $150	$
Total		$			$			$	

CASH		CHECK #		PayPal Receipt:		TOTAL AMOUNT ENCLOSED
CREDIT CARD #				Expiration Date:		Security Code:
Printed Name:				I authorize SIDEKICK, Inc to charge the above card number in the amount stated under "Total Amount Enclosed."		$
Signature:						

e-mail Application to: 1800sidekick@gmail.com

Please Wear Your Participation Wrist Band At All Times!

World Forms and Fighting Champion John Chung Tae Kwon Do 1.800.SIDEKICK www.JohnChung.com
@Hilton Washington Dulles Airport 13869 Park Center Road, Herndon, VA 20171 703.478.2900