

2027 WORLD CUP OPEN MARTIAL ARTS CHAMPIONSHIP REGISTRATION FORM (Sunday, January 17th, 2027)

Last Name	First Name and M.I.	Age	Date Of Birth	Gender	☐ M ☐ F
Address		Country/City	State	Zip Code	
☐ Beginner	☐ Advanced	Belt Color (Rank)	Area Code	Phone	
☐ Intermediate	☐ 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 12/11/2026

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, Double Tree by 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, Double Tree by 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

Events:		*Use (PayPal.Me/SIDEKICK) To Pay* Cash Only at the Door!					
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: ☐			
Team Demonstration: ☐	Musical Weapons: ☐	Musical Forms: ☐					
	Team Weapons: ☐	Team Forms: ☐	Team Pairs: ☐	Team Sparring: ☐	Team 2 on 2 Sparring: ☐		
Team Name: _____			Team Representative/Coach: _____				

On or before November 06, 2026

After 11/06/26, before 12/11/26:

After 12/11/26 or At the door (Cash Only):

	Count	Cost	Total
1st Event	1	x \$70	\$70
Additional Event (s)		x \$40	\$
Spectators		x \$20	\$
Coach's Pass		x \$50	\$
Total			\$

	Count	Cost	Total
1st Event	1	x \$75	\$75
Additional Event (s)		x \$50	\$
Spectators		x \$25	\$
Coach's Pass		x \$50	\$
Total			\$

	Count	Cost	Total
1st Event	1	x \$90	\$90
Additional Event (s)		x \$60	\$
Spectators		x \$30	\$
Coach's Pass		x \$50	\$
Total			\$

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

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