

2018 WORLD CUP OPEN MARTIAL ARTS CHAMPIONSHIP REGISTRATION FORM (January 14th, 2018)

Last Name	First Name and M.I.	Age	DOB	Gender	<input type="radio"/> M <input type="radio"/> F
Address			Country/City	State/Zip	
<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced	Belt Color (Rank)	Area Code		
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Black Belts				
			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**
Fax Registration with Credit Card number information to (Visa/MC only) (571)333-5425

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, Sheraton Reston Hotel, 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, Sheraton Reston Hotel, 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

Please ENTER Division # ON EVENT BOXES

Individual Events:

Use (PayPal.Me/SIDEKICK) To Pay

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

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

1st 2nd 3rd 4th 5th 6th

On or before December 02, 2017 **After 12/02/17, before 12/30/17:** **At the door:**

	Count	Cost	Total	Count	Cost	Total	Count	Cost	Total
1st Individual Event	1	x \$50	\$50	1	x \$65	\$65	1	x \$80	\$80
2nd+ Individual Event		x \$20	\$		x \$30	\$		x \$50	\$
Team Events: Team Fee		x \$50	\$		x \$65	\$		x \$80	\$
Team Events: Member		x \$20	\$		x \$30	\$		x \$50	\$
Spectators		x \$10	\$		x \$20	\$		x \$30	\$
Total			\$			\$			\$

CASH	CHECK #	PayPal Receipt	TOTAL AMOUNT ENCLOSED \$
CREDIT CARD # <small>Visa or MC only</small>		Expiration Date	
Printed Name	<i>I authorize SIDEKICK, Inc to charge the above card number in the amount stated under "Total Amount Enclosed."</i>		
Signature:			

Fax in the Application to: 571-333-5425 **Please Wear Your Participation Wrist Band At All Times!**