

**2009 WORLD CUP FINALS MARTIAL ARTS CHAMPIONSHIP REGISTRATION FORM (January 15th 16th, 2010)**

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	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)**  
**SIDEKICK, Inc. or JOHN CHUNG, P.O. Box, 3276, McLean, VA 22103-3276**  
 \*Fax Registration with Credit Card number information to (703)709-5426\*

**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 Finals 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, Sheraton Reston Hotel, their directors, officers, employees, agents, and/or their insurance carriers, or any other person connected with the World Cup Finals 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 Finals 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 Finals Martial Arts Championship. Should any liability be imposed upon WCMAO, Sheraton Reston Hotel, their directors, officers, employees, agents, and/or their insurance carriers, or any other person connected with the World Cup Finals 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*

2009 WCMAO member? Send copy of ID

**Please ENTER Division # ON EVENT BOXES**

**Individual Events:**

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 November 21, 2009:**

**After 11/21/09, before 12/19/09:**

**At the door:**

	Count	Cost	Total
1st Individual Event	1	x \$40	\$40
2nd+ Individual Events		x \$25	
Team Events: Team Fee		x \$40	
Team Events: Member		x \$25	
Fri. Spectators		x \$25	
Sat. Spectators		x \$25	
WCMAO Banquet		x \$55	
WCMAO Banquet Table		x \$500	
WCMAO Membership		x \$50	
<b>Total</b>			<input style="width: 50px;" type="text"/>

	Count	Cost	Total
1st Individual Event	1	x \$50	\$50
2nd+ Individual Events		x \$25	
Team Events: Team Fee		x \$50	\$50
Team Events: Member		x \$25	
Fri. Spectators		x \$25	
Sat. Spectators		x \$25	
WCMAO Banquet		x \$55	
WCMAO Banquet Table		x \$500	
WCMAO Membership		x \$50	
<b>Total</b>			<input style="width: 50px;" type="text"/>

	Count	Cost	Total
1st Individual Event	1	x \$75	x \$75
2nd+ Individual Events		x \$30	
Team Events: Team Fee		x \$75	x \$75
Team Events: Member		x \$30	
Fri. Spectators		x \$30	
Sat. Spectators		x \$30	
WCMAO Banquet		x \$55	
WCMAO Banquet Table			
WCMAO Membership		x \$75	
<b>Total</b>			<input style="width: 50px;" type="text"/>

CASH  CHECK #

CREDIT CARD # Visa or MC only  Exp. Date

Printed Name

Signature:

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

**TOTAL AMOUNT ENCLOSED**

\$

**Fax in the Application to: 703-709-5426**