



राष्ट्रीय सामरिक कला अकादमी

Associate Member of WoMAU – World Martial Arts Union

Approved by NCSPE – National Council of Sports Science and Physical Education

Member of QCI Quality Council of India - an autonomous body of Government of India

PHOTO

REGISTRATION FORM

COURSE _____

NAME _____

MOTHER, S/ FATHER'S NAME _____

ADDRESS _____

CITY/DISTRICT _____ STATE/ COUNTRY _____

DATE OF BIRTH _____ AGE _____ SEX _____

E-MAIL _____ PHONE/MOBILE _____

SCHOOL/COLLEGE _____

SPORTS ACTIVITIES _____

EDUCATIONAL QUALIFICATIONS _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE NATIONAL MARTIAL ARTS ACADEMY OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS & FITNESS ACTIVITIES ASSOCIATED WITH ACADEMY. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE _____ NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

REGISTRATION NO _____

AUTHORIZED SIGNATURE _____

