



ADMISSION / REGISTRATION FORM

COURSE _____

NAME _____

MOTHER'S/ FATHER'S NAME _____

ADDRESS _____

CITY/DISTRICT _____ STATE/ COUNTRY _____

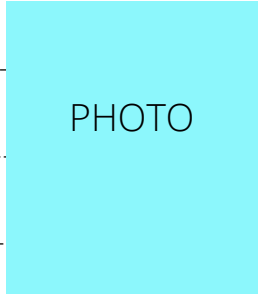
DATE OF BIRTH _____ AGE _____ SEX _____

E-MAIL _____ PHONE/MOBILE _____

EDUCATIONAL QUALIFICATION _____

SCHOOL/COLLEGE _____

SPORTS ACHIEVEMENTS _____



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.

APPLICANT SIGNATURE _____ NAME _____

PARENT'S SIGNATURE _____ NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

REGISTRATION/ENROLLMENT NO _____

AUTHORIZED SIGNATURE _____ DATE _____

Kindly attach Identity / Address Proof, Educational and Sports Achievements Documents