

# KIAIDO MARTIAL ARTS ACADEMY



Affiliated: All India Kiaido Federation  
Member of: Asian Kiaido Federation (AKF) & World Kiaido Federation (WKF)  
Affiliated with: Kiai Karate-Do International Association Member: World Karate Confederation

## ADMISSION FORM

BRANCH \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/DISTRICT \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE/MOBILE \_\_\_\_\_

SCHOOL/COLLEGE \_\_\_\_\_

SPORTS ACTIVITIES \_\_\_\_\_

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 KIAIDO 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 ACTIVITIES ASSOCIATED WITH ACADEMY. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_ NAME \_\_\_\_\_

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

### FOR OFFICE USE ONLY:-

MEMBERSHIP NO \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

PHOTO