



MALDIVES AIKIDO ASSOCIATION

M. Beach Shine, Male', Tel: 7773712 maldivesaikido@gmail.com www.maldivesaikido.org

APPLICATION TO JOIN MARTIAL ARTS CLASS

Name

MALE / FEMALE

ID / Passport No.

Date of Birth

Permanent Address

Current Address

Contact Nos.

Email

School _____ Grade _____

Parent's Name (if below 18 years)

Name: _____ Contact No. _____

Emergency Contact

Name: _____ Contact No. _____
Address _____ Relationship _____

Major Injuries & Health Problems

I agree that the above information are true according to my knowledge and agree to participate in martial arts training conducted by Maldives Aikido Association (MAA), at my own risk, and hereby will not hold MAA, its instructors and assistants liable for any injuries and/or fatalities that may occur to me during training or taking part in martial arts demonstrations conducted by MAA. I shall indemnify MAA, its instructors and assistants against all proceedings and liabilities whatsoever, which may be taken or made against by reason of any claim or action of whatever nature, which may be brought by me or on my behalf in respect of the foregoing. I also declare that I do not have any criminal records in the last five years. I agree to abide by the rules and regulations of MAA.

Name: _____ Signature _____ Date _____
(if applicant is below 18 years, parent's name and signature here)

IMPORTANT: Please complete the application form and submit it during our class hours as stated in the Class Schedule. We may send your application form to Maldives Police Service to check for any criminal records. If you have any criminal records during the past five years, you will not be eligible to join the class.

FOR OFFICIAL USE ONLY

Approved

Rejected

Student ID

Remarks: _____