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MARTIAL ARTS ASSOCIATION OF MALDIVES

H. SP Villa, Male', Tel: 7911120, 7916645, 7776048 Fax: 3347003

maam@martialartsmv.com www.martialartsmv.com



APPLICATION TO JOIN MARTIAL ARTS CLASS

Name

MALE / FEMALE

ID Card No.

Date of Birth

Permanent Address

Current Address

Contact Nos.

Email

School

Grade

Parent 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 Martial Arts Association of Maldives (MAAM), at my own risk, and hereby will not hold MAAM, 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 MAAM. I shall indemnify MAAM, 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 MAAM.

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 for the past five years, you will not be eligible to join the class.

FOR OFFICIAL USE ONLY

Approved

Rejected

Membership No.

Remarks: