



Kudo Association OF MALDIVES



Reg No: T/2014/20/12

Affiliated to: Kudo International Federation - Japan

“Welcome to the School of an Open Mind”

Application Form

First Name :

Last Name :

Date of Birth :

Sex :

ID Card Number :

Passport Number :

E-Mail Address :

Phone Number :

Permanent Address :

Educational Background :

Other Qualifications :

Sports played at a professional level :

Prior Martial Art Experience :

KUDO ASSOCIATION OF MALDIVES

E-mail: info@kudomaldives.com Phone/Mobile +960 9971502 , www.kudomaldives.com

- I the undersigned, hereby state that I agree to abide by all the rules and regulations set forth by **Kudo International Federation** and **Kudo Association of Maldives**.
- I agree to honor and respect the institution, the instructors and all the members of the institution.
- I take full responsibility for all my actions and do not hold **Kudo International Federation, other affiliated branches of Kudo** or **Kudo Association of Maldives** or its instructors or anyone associated with **Kudo International Federation** and **Kudo Association of Maldives** responsible for any action I take.
- I take full responsibility for my health and physique and will not hold **Kudo International Federation, other affiliated branches of Kudo** and **Kudo Association of Maldives** or its instructors responsible for any injury that may occur to me within or outside the institution premises, during training sessions, tournaments etc.
- I agree not to take part in any form of criminal activity, acts of terrorism or be involved in any activity that may cause harm or disturbance to the society.
- I understand and agree that **Kudo International Federation** and **Kudo Association of Maldives** has the right to cancel, terminate or discontinue my membership with the organization, prohibit me from entering the institution's premises or take any other disciplinary action against me at any time and do not object with any course of action taken by the institution.
- I understand and agree that all payments made to **Kudo International Federation, its affiliated branches,** or **Kudo Association of Maldives** are non-refundable, except in situations expressly set forth herein. A percentage of the monthly fees paid for classes can be refunded not more than the total value of the sum of missed classes wherein **Kudo Association of Maldives** had failed to conduct during that month. Also in the event an item purchased from **Kudo Association of Maldives** is not in stock and the item is not received within 1 month and 15 days, a full refund can be claimed for the item.
- I hereby state that all information provided by me is true and correct.

** Kindly attach a copy of National Identity Card with this form. Unless exempted by the rules of Kudo Maldives and the Laws of the State, the undersigned is required to clear his/her criminal records within the first two months of registration to further attend practice sessions conducted by Kudo Association of Maldives.*

...../...../.....

.....

Date

Signature

REFEREES

1. Name:2. Name:.....

Signature:..... Signature:.....

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