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www.unitedjudoacademy.com 🌐

SURESH KANOJIA'S MARTIAL ART FITNESS ACADEMY

MEMBERSHIP NO: _____

DATE: _____

VENUE: _____

To,
The Director,
United Judo Academy.

Sir,

On the basis of the rules, regulations and Bylaws of United Judo Academy, I hereby wish to apply to enroll my ward / myself as a member of United Judo Academy, as I am delighted to be a part of this renowned academy.

I enclose here with Cash / Cheque / Online transfer of Rs : _____ towards entrance & Half Yearly / Yearly Fees.

Personal Details

Name In Full : _____

Date Of Birth : _____ Age: _____ Gender: Male: _____ Female: _____

Occupation: _____

Mb. No.: _____ Email ID: _____

Father's Name: _____

Occupation: _____

Mb. No.: _____ Email ID: _____

Mother's Name: _____

Occupation: _____

Mb. No.: _____ Email ID: _____

Correspondence Address: _____

_____ Tel No: _____

School/College: _____

Stream: SSC/ IG/ ICSE/ CBSE/ Other: _____

Medical History: (If Any): _____

Hobbies: _____

How you came to know about us : _____

UNDERTAKING

I understand that my ward/ or myself has to maintain the discipline of the Academy/Institute and must attend assigned classes on regular basis. Absentees without prior information and valid reason will not be accepted and will be marked as in indiscipline category.

I understand that once my ward/or myself has enrolled as a member we cannot withdraw from the same and also membership will be non-transferable.

I understand that the Fees once paid will not be refundable at any given circumstances.

I hereby accept full responsibility for my ward or for myself for any Harm / Injury to Him / Her person as a result of my ward learning and participating in United Judo Academy Session. I Understand that my ward or myself will be participating in Judo Tournament at various levels on my own responsibility to absolve United Judo Academy, Suresh kanojia's Martial Arts Fitness Studio, Administrative committee, the staff, the coaches and any other member of any consequence arising thereof.

Parent/ Guardian Signature
(In Case Of Minor)

Applicant's Signature

OFFICE USE ONLY

Batch Days: _____ Time: _____

Centre: _____

Receipt No: _____ Dated: _____

Payment Details: _____

Remark: _____

Authorized Signatory

