



CHENNAI KUNG-FU ASSOCIATION

SCHOOL OF SELF-DEFENCE

Address: 133, Kumaranagar Omr,
Chennai-600119
TN.Regd No.257/2018

MASTER: R.Arunraj
Black Belt 4TH Dan

Mobile +91 95147 95929

Mobile +91 9789877476

REGISTRATION, DISCLAIMER & APPLICATION FORM

Thank you for choosing to train with *Chennai Kung-Fu Association*. Please fill out your details below, as this is required to register you for training.

First Name.....Surname.....

Address.....Postcode.....

Telephone.....Mobile.....D.O.B.....

Email.....Occupation.....

Emergency contact name.....Telephone.....

Have you had any previous martial arts experience? YES / NO

If YES, which style and grade achieved?.....

Do you suffer from any illnesses? YES / NO If YES, please give details.....

Are you on any medication? YES / NO If YES, please give details.....

Do you have a criminal record? YES / NO If YES, please give details.....

How did you hear about Chennai Kung-Fu Association?.....

By signing this form I state that the above information is true and correct. I undertake to abide by the terms and conditions of Chennai Kung-Fu Association, as explained by its instructors. I accept that, whilst all reasonable care is taken, my instructors are not legally responsible for any accidents or injuries which may occur while I am training at their class. I also understand that I am expected to maintain a standard of behaviour, both during training and in general, which will not bring Chennai Kung-Fu Association to disrepute, knowing that failure to do so may result in expulsion. I am medically fit to undertake intensive physical training.

DECLARATION: " I promise to uphold the true spirit of Chennai Kung-Fu Association and martial arts in general. I promise never to use the skills that I am taught against any person, except for the defence of myself, my family or friends in the instance of extreme danger or unprovoked attack, or in the support of law and order. "

Signature.....Date.....

(For persons under 18 years of age, a parent / guardian's signature is also required)



APPLICATION NUMBER



Signature of the Master



CHENNAI KUNG-FU ASSOCIATION

SCHOOL OF SELF-DEFENCE

Address: 133, Kumaranagar Omr,
Chennai-600119
TN.Regd No.257/2018

MASTER: R.Arunraj
Black Belt 4TH Dan

Mobile +91 95147 95929

Mobile +91 9789877476

SELECT YOUR CLASS DAYS AND TIMINGS

₹750 MONTHLY

₹1000 MONTHLY

WEEKLY 3 CLASSES

WEEKLY 4 CLASSES

₹1500 MONTHLY

WEEKLY 6 CLASSES

MONDAY

MORNING **EVENING**

TUESDAY

MORNING **EVENING**

WEDNESDAY

MORNING **EVENING**

THURSDAY

MORNING **EVENING**

FRIDAY

MORNING **EVENING**

SATURDAY

SUNDAY

NAME OF THE STUDENT :

APPLICATION NUMBER

Signature of the Master