



SARAWAK MARTIAL ART TAEKWONDO ASSOCIATION

Lot 3317 (Sublot 104), 2nd Floor,
 TT3 Commercial Center
 Jalan Canna, 93350 Kuching, Sarawak, Malaysia.
 Email: sarawakmartialarttaekwondo@gmail.com

APPLICATION FORM

PERSONAL DETAILS			
Title:	Full Name:		Photo
Home Address:			
Date of birth:	IC Number:	Gender:	
Contact Number:	Email Address:		
Citizenship:	Occupation:		
Workplace/School:			
EMERGENCY CONTACT			
Contact Person:		Relationship:	
Contact Number:			
APPLICANT'S DECLARATION			
<p>I, hereby agree to indemnify and keep indemnified, The Club and its instructors and/or members against any claim demand or otherwise that may arise as a result of my being injured or otherwise suffering loss, in the course of undertaking any activity or course on training organized by, or on behalf of, The Club.</p>			
_____		_____	
[Date DD/MM/YY]		[Signature of Applicant]	
FOR APPLICATION UNDER 18 YEARS OLD			
<p>I, _____ the Father / Mother / Guardian of the above applicant have no objection to my Son / Daughter / Charge participating in the activity of the Club and agree to indemnify and keep indemnified The Club and its instructors and / or members, against any claim, demand or otherwise that may arise as a result of his / her injury and / or loss due to any activity or training organized by or on behalf of the Club.</p>			
_____		_____	
[Date DD/MM/YY]		[Signature of Parent/Guardian]	
FOR OFFICE USE ONLY			
Training Center:		Training Schedule:	
Instructor in Charge:	Status: [Approved / Not Approved]	Receipt Number:	
_____	_____	_____	
[Date DD/MM/YY]	[Signature of Chief Instructor]	[Signature of Center Instructor]	