

## REGISTRATION FORM



# KUDO ASSOCIATION OF CUTTACK

Member of KUDO ASSOCIATION OF ODISHA

Member of KIFI Association - Kudo International Federation India

KIFI Association Recognized by Ministry of Youth Affairs & Sports - Government of India

KIFI Association member of Kudo International Federation Japan (KIF), KIF Recognized by Japan World Games Association (JWGA),

JWGA Member of International World Games Association (IWGA), IWGA Recognized by International Olympic Committee (IOC),

Kudo Recognized Discipline of School Games Federation of India (SGFI)



Serial No. \_\_\_\_\_

Date. \_\_\_\_\_

To,  
The Chief Instructor  
KUDO ASSOCIATION OF CUTTACK, \_\_\_\_\_ Branch.  
I am desirous to admitted / of admitting my son / daughter in your Association.  
Kindly see the necessary details furnished below.

Recent  
Passport  
Size  
Photo

### APPLICANT INFORMATION (WRITE IN BLOCK LETTERS)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Surname \_\_\_\_\_

Male

Name of the School \_\_\_\_\_

Female

Date of Birth (Day/Month/Year) \_\_\_\_\_

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Blood Group \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Any physical disabilities \_\_\_\_\_

Mother tongue of the applicant \_\_\_\_\_ What languages understand (other than mother tongue) \_\_\_\_\_

Cell No./Whatsapp of applicant \_\_\_\_\_

E-mail ID of the applicant \_\_\_\_\_

Why are you join in KAC? Kudo  Self Defense  Physical Fitness  Sports Karate  Others \_\_\_\_\_

Do you have any previous martial art experience? If so give details \_\_\_\_\_

### FAMILY INFORMATION

Father / Guardian's Name \_\_\_\_\_

Qualification \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Pin Code \_\_\_\_\_

Cell No./Whatsapp \_\_\_\_\_

### UNDERTAKING

I, \_\_\_\_\_ agree to abide by the Rules, Regulation and code of conduct of the association and hereby promise not to abuse what I learn and to use my ability only in case of self-defense. I join at my own risk and do not hold the Association or any other person responsible for any injuries / accidents that I may suffer. I promise not teach the art of publicize the art without prior sanction of the Chief Instructor, in writing.

Applicants Signature \_\_\_\_\_

**Parents / Guardians Consent** (in case of Minors)

I, hereby permit my son / Word to learn KUDO and agree to abide by the Rules & Regulations of the Association.

Parents / Guardians Signature \_\_\_\_\_

### OFFICE USE

KUDO Association of Cuttack  
Registration No. \_\_\_\_\_

Where do you get information about  
KUDO Association of Cuttack ?

Leaflet/Banner  Social Media  
 Newspaper  Website

Dojo Address / Seal \_\_\_\_\_

Others \_\_\_\_\_

Approval of Chief Instructor \_\_\_\_\_