

FOR OFFICE USE ONLY

NAME : _____

DATE OF BIRTH : _____

ADDRESS : _____

MOBILE NO : _____

E-MAIL : _____

OCCUPATION : _____

ORGANISATION : _____

HOW DID YOU KNOW ABOUT AMIT LALWANI' S KICK BOXING ACEDEMY

ANY MEDICAL PROBLEMS: _____

PAID RS. _____ BY CASH /CHEQUE

I HEREBY AGREE TO RULES & REGULATIONS AS GIVEN OVERLEAF.

SIGNATURE OF STUDENT

PARENT SIGNATURE IN CASE OF MINOR

RECEIPT

RECEIVED WITH THANKS FROM _____

PAID RS. _____ BY CASH /CHEQUE VIDE CHEQUE NO _____

DATED _____ DRAWN ON _____

PLS. CHECK OVERLEAF FOR RULES & REGULATIONS.

Right of Admission Reserved

- If any mishap or injury Amit Lalwani or any organization shall not be held responsible.
- Minor students should get the form signed by parent / guardian Dress code track & T- Shirt, sport shoes.
- Classes missed will not be made up except those cancelled by Amit Lalwani or the conducting authorities.
- After enrolled, no refund of money.

- **Amit Lalwani's kick boxing classes holds the right to cancel any class, batch or venue.**
- **All the decisions made by Amit Lalwani are final & binding**
- **For any queries**
 - ✓ **call :98690 36872 / 98707 18945**
 - ✓ **e-mail :amitalwani9@hotmail.com**
 - ✓ **web :<http://www.amitalwaniskickboxingacademy.com/>**