

NATIONAL ADVENTURE CLUB (INDIA)Room No.17 (1st Floor), Karuna Sadan, Sector-11, Chandigarh-160011**REGISTRATION FORM****29th National Adventure Festival-2023**(2nd February to 10th February, 2023)**PART-I**

Package allotted

Full Name _____

Father's/Husband's Name Shri _____

Age _____ yrs. Sex(M/F) _____ Date of Birth _____

Religion _____ Category (General/SC/ST/BC/Others) _____

Marital Status (Married/Unmarried) _____ Occupation _____

Name of Nominee _____ Relation with Nominee _____

Academic Qualification _____

Email address _____ @ _____

Shoe Size _____ Track Suit Size _____ **REPEATER/FRESHER** _____

Permanent Address

_____ Mobile/Phone _____

Correspondence Address

_____ Mobile/Phone _____

Sponsor's Address and Contact No., if any

_____ Mobile/Phone _____

Vegetarian/Non-Vegetarian _____

Camp life experience _____

I agree to strictly abide/adhere to the discipline and the directions of the National Adventure Club (India) during the 29th National Adventure Festival- 2023 failing which I shall be liable for expulsion. In case of accident/injury or any loss/damage, I will not hold National Adventure Club (India) or its staff, wholly or partially responsible. The above entries have been made by me and are correct to the best of my knowledge and belief. I may please be allowed to take part in the above cited/ticked game(s).

Place: _____

Date : _____

Applicant's signature

RISK CERTIFICATE

It is certified that I agree to detain my son / daughter / ward / myself Mr./Miss/Mrs. _____ son/daughter/wife/husband of Mr./Mrs. _____ for taking part in 29th National Adventure Festival-2023 at my own risk and no compensation will be paid to me in case of any accident/injury or any loss/damage, I will not hold the National Adventure Club (India) or its staff wholly or partially responsible for any mishappening.

Place: _____

Date : _____

Signature of Applicant & Parent/Guardian/Team Manager

N.B. Forms should be neatly filled in by the candidates themselves by ballpoint pen in CAPITAL letters ONLY and photo should be attested by the candidates themselves after pasting in the space provided above.

PART-II

MEDICAL CERTIFICATE

29th National Adventure Festival-2023

Photo
Attested by
Medical Officer

1. NAME		2. AGE	
3. HEIGHT		4. WEIGHT	
5. DATE OF LAST VACCINATION (Tab, Cholera &Inoculation)		6. RESPIRATION RATE AT REST	
7. CHEST EXPANSION		8. PULSE RATE	
9. BLOOD PRESSURE		10. CONDITION OF UPPER LIMB, TOES AND FEET	
11. URINE EXAMINATION		12.EYES/ EARS/ THROAT	
13 .BLOOD GROUP			

Applicant has not Asthma, Epilepsy or any other major deformity, Hernia and Chronic diseases.

In my opinion Mr./Ms. _____ whose signature is given below is fit to undergo above course.

SIGNATURE OF APPLICANT

SIGNATURE OF MEDICAL OFFICER WITH SEAL

REGISTRATION NO. OF THE COUNCIL	
DATED	
PLACE	
TEL/MOBILE	

Note: The medical officer should be MBBS and give his/her registration number of the council.