

# **NATIONAL ADVENTURE CLUB (INDIA)**

Room No. 17(FF), Karuna Sadan, Sector-11, Chandigarh-160011

## **REGISTRATION FORM**

**Summer Adventure Camp-2021**

(dd/mm/yyyy to DD/mm/yyyy)

### **PART-I**

**Full Name** \_\_\_\_\_

**Father's/Husband's Name** Shri \_\_\_\_\_

**Age** \_\_\_\_\_ yrs. **Gender**(M/F) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Martial Status** (Married/Unmarried) \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Name of Nominee** \_\_\_\_\_ **Relation with Nominee** \_\_\_\_\_

**Email address** \_\_\_\_\_ @ \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Mobile/Phone** \_\_\_\_\_

\_\_\_\_\_

**Vegetarian/Non-Vegetarian** \_\_\_\_\_

\_\_\_\_\_

I agree to strictly abide/adhere to the discipline and the directions of the National Adventure Club (India) during the Summer Adventure Camp- 2021 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 mentioned camp.

**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 Summer Adventure Camp-2021 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** \_\_\_\_\_

## PART-II

### MEDICAL CERTIFICATE

Photo  
Attested by  
Medical Officer

1. NAME	
3. HEIGHT	
5. DATE OF LAST VACCINATION (Tab, Cholera & Inoculation)	
7. CHEST EXPANSION	
9. BLOOD PRESSURE	
11. URINE EXAMINATION	
13. BLOOD GROUP	

2. AGE	
4. WEIGHT	
6. RESPIRATION RATE AT REST	
8. PULSE RATE	
10. CONDITION OF UPPER LIMB, TOES AND FEET	
12. EYES/ EARS/ THROAT	

Applicant should not have 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 given his/her registration number of the council.