NATIONAL ADVENTURE CLUB (INDIA)

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

REGISTRATION FORM

Winter Adventure Camp – Manali

(/ /2021 to / /2021)

Self attested Photo

PART-I

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**__________
Postal Address ____
____
____Phone_________________
Email address ______________________@_____________________

Sponsor's Address : Directorate of School Education, Haryana
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 above mentioned **Winter 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), Directorate of School Education, Haryana 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 Winter Adventure Camp – 2021**.

Place:________________ ____________________________________
Date : _______________ **Applicant's signature**

RISK CERTIFICATE

It is certified that I agree to detain Myself/Mr./Miss/Mrs. ____________________
______________son/daughter/wife/husband of ____________________________________
for taking part in above mentioned **Winter 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), Directorate of School Education, Haryana or its staff, wholly or partially responsible for any mishappening.

Place:__________ ____________________ ______________________________
Date : __________ **Signature of Applicant** **Team Manager/Parent**

N.B. Forms should be neatly filled in by the candidates themselves by ballpoint pen in CAPITAL letters ONLY.

PART-II

MEDICAL CERTIFICATE

Winter Adventure Camp - 2021

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.