

**NATIONAL ADVENTURE CLUB (INDIA)**

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

**REGISTRATION FORM****33<sup>rd</sup> National Adventure Festival-2027**(3<sup>rd</sup> February to 10<sup>th</sup> February, 2027)**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 \_\_\_\_\_@\_\_\_\_\_

WhatsApp Mobile No. \_\_\_\_\_

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 33<sup>rd</sup> National Adventure Festival- 2027 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 33<sup>rd</sup> National Adventure Festival- 2027 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 &amp; 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**  
**for**  
**33<sup>rd</sup> National Adventure Festival-2027**  
**(3<sup>rd</sup> February to 10<sup>th</sup> February, 2027)**

Photo  
Attested by Medical  
Officer

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

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<br>COUNCIL |  |
| DATED                              |  |
| PLACE                              |  |
| TEL/MOBILE                         |  |

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