



SHETH SHRI GIRDHARLAL SANSKAR KENDRA
SANSKAR ADVENTURE DAHOD
GUJARAT- DAHOD- 20 -

Sr No-

APPLICATION FORM

NAME OF PROGRAMME- Environment Awareness & Adventure Activities

1. Name of Applicant-

2. Fathers Name-

3. Sex- Male / Female

4. Home Address-

5. Date of Birth- Age in Year-

6. Name of School-

Std-

7. Occupation-

8. Experience in Adventure Activities-

9. Special Hobbies or Any other Information-

Pass Port Size
Photo

Signature of Parent / Guardian

Signature of Applicant

DECLARATION

I agree to adhere to the discipline of the movement in general and this Program in particular and abide by the direction of leadership during whole event.

In case of any accident, illness or injury, I will not blame & claim Sheth Shri Girdharlal Sanskar Kendra Dahod Responsible at all.

I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping Good health.

Signature of Parent / Guardian

Signature of Applicant

Special Interest in Activities (choose any three)

- | | |
|-----------------|----------------------------|
| ➤ Rock Climbing | ➤ Swimming |
| ➤ Trekking | ➤ Wild life study |
| ➤ Rescue | ➤ First Aid |
| ➤ Bird Watching | ➤ Rifle Shooting & Archery |
| ➤ Camping | ➤ Photography |





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MEDICAL CERTIFICATE

Name: _____

Address: _____

Date of Birth: _____ Single/ Married _____

1. Parents / past illness significance _____

2. Injuries / operation undergone and present Condition _____

3. Any Known allergy to Drugs And foodstuff _____

4. Blood Group _____

5. Is the Applicant Suffering from

- | | |
|------------------------------|----------|
| ➤ An infectious Disease | Yes / No |
| ➤ A skin disease | Yes / No |
| ➤ Mental disease | Yes / No |
| ➤ Heart disease | Yes / No |
| ➤ Asthmatic | Yes / No |
| ➤ Any other disease / defect | Yes / No |

I, on this date _____ have examined Mr./Mrs/Miss _____
And found him/her medically fit / unfit to undergo any adventure activities.

Medical Officer,
Registration Number & Designation





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RISK CERTIFICATE
(FOR APPLICATNTS BELOW 18 YEARS OF AGE)

This is to certify that my son/daughter/ward. Mr. /Miss

Is joining the above mentioned adventure program with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey. I further certify that he/she is physically fit to undergo the rigorous activities of the program.

Signature of Parent/Guardian
Relationship with Participant
Name.....
Address.....
.....
Phone (R).....
(O).....
MOBILE -

