

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

APPLICATION FORM

Sr No-

Pass Port Size

Photo

NAME OF PROGRAMME- Environment Awareness & Adventure Activities

- 1. Name of Applicant-
- 2. Fathers Name-
- 3. Sex-

4

Home Address-

Male / Female

- Date of Birth-5.
- Name of School-6.
- 7. Occupation-
- 8. Experience in Adventure Activities-
- 9. Special Hobbies or Any other Information-

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.

Rifle Shooting & Archery

Signature of Parent / Guardian

Special Interest in Activities (choose any three)

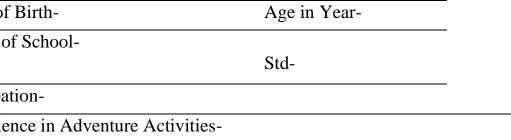
- Rock Climbing Swimming
- \succ Trekking \triangleright Wild life study
 - First Aid \geqslant
- Bird Watching

 \triangleright Rescue

Camping Photography



Signature of Applicant





SHETH SHRI GIRDHARLAL SANSKAR KENDRA SANSKAR ADVENTURE DAHOD gujarat- dahod- 20 -

MEDICAL CERTIFICATE

Name:	
Address:	
Date of Birth: Si	ingle/ Married
1. Parents / past illness significan	
2. Injuries / operation undergone	and present Condition
3. Any Known allergy to Drugs An	nd 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
Any other disease / defect
Yes / No
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





SHETH SHRI GIRDHARLAL SANSKAR KENDRA SANSKAR ADVENTURE DAHOD gujarat- dahod- 20

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)
(0)
(0)

