



**ADMISSION FORM**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Adventure Camp/Himalayan Trek\* from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\* Strike off as applicable

**FITNESS CERTIFICATE**

\_\_\_\_\_ (Applicant Name)

Has been examined by me and is found physically & mentally fit to participate in this  
Adventure Camp/Himalayan Trek.

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date

Name of the Doctor: \_\_\_\_\_

Reg. No. & Stamp: \_\_\_\_\_

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**INDEMNITY**

I, (Name) \_\_\_\_\_

Solemnly confirm that my ward /myself \* \_\_\_\_\_

Is physically & mentally fit and that \*myself/he/ she is not suffering from Asthma /  
Heart Disease / High or low blood pressure / Epilepsy / Fits / Night Blindness / Sleep  
walking / Skin diseases etc.

I/He / She is not suffering from any allergies.

I/He / She will follow all the instructions given by the instructors.

I do not object any action taken by the organizers for misbehavior; if any.

I will not hold the organizers or their associates responsible for any injury or accident  
caused while imparting the training during this Adventure Camp/Himalayan Trek.

I here signed and submitted this indemnity on \_\_\_\_\_

\_\_\_\_\_  
\*Signature of the Guardian/Applicant above 18years

\* Strike off as applicable