



Summer Adventure Camp
ENROLLMENT FORM

Photograph
of a
Participant

Enrollmant No.

Full Name of a Child _____

Permanent Address _____

_____ Pin- _____

Telephone:- (R) _____ (O) _____ (Mobile) Father _____ Mother _____

Email ID: _____

Date of Birth:- _____ Age:- _____ Male Female

Blood Group: _____ Height: _____ Weight: _____

Childs Hobbies: _____

Very Important Information about your child, we should know, like Alergic to, Behaviour, Temperament, etc.:

Come to know about us:-

Newspaper Friend Other _____

Suggest your Friend Name & Contact: _____

Family Doctors Name & Contact No. _____

Name of School & Address: _____

_____ Std _____

In Case of Immergency, we should contact:

Persons Name: _____

Address: _____

Contact No. _____

Childs Relationship with person: _____

Date of Camp: _____ Date of Expiry: _____

Sign of Parent/Guardian

Sign of Authority

Rs. _____

(Explorers Trekking Group)

PARENTS DECLARATION

I / We hereby on my / our own decision enrolling my / our Child _____ in Master Explorers Adventure Camp to be held during _____ to _____.

Further I / We are made fully aware of the accommodation facilities, amenities and camp surroundings, also the itinerary, events scheduled for the Camp, I / we are also made aware that the Master Explorers Adventure Camp is not risk free. I / We be sole responsible if any unforeseen accident happens during this Masters Explorers Adventure Camp and Explorers or any leader of Explorers will not be held responsible for any kind of the physical or the financial loss.

Father's Signature

Mother's Signature

Date:

Date:

Place:

Place:

FOR OFFICE USE ONLY

Receipt No.: _____

Camp Departure Date: _____

Departure Time & Location: _____

Arrival Time & Location: _____

Reservation In charge Name & Signature: _____
