

Ref #: _____
(To be filled by Staff)



Please affix
passport size
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**Camp Registration Form
(Confidential)**

Welcome to Eco-Adventure & Educational Summer Camp

It is VERY IMPORTANT that the form is filled out COMPLETELY

Important: Please note that registrations will be accepted only after ALL the requirements are met.

Camper's Personal Information

Camper's Full Name: _____

DOB(dd/mm/yy): _____ Gender: Male/Female Blood Group: _____

School Name: _____ Standard : _____

Parent/Guardian's Contact Information

Parent/Guardian's Name: _____ Designation: _____

Residence Address: _____

Organization Name and Address: _____

Parent/Guardian's Contact Numbers:

Mobile: _____ Residence: _____ Office: _____

Parent/Guardian's mail-id: _____

Emergency Contact Person's Name: _____ **Number:** _____

Camper's Medical Information

Have you suffered from any physical and/or medical health condition or complaint in the past 6 months? Please circle the relevant answer below:

Heart	Yes	No	Epilepsy	Yes	No	Back Problems	Yes	No
Asthma	Yes	No	Dizziness	Yes	No	Recent Injury/Illness	Yes	No
BP (High/Low)	Yes	No	Recurrent Dislocations	Yes	No	Head Injuries	Yes	No
Hypertension	Yes	No	Fractures/Bone Injuries	Yes	No	Recent Infections	Yes	No
Diabetes	Yes	No	Anemia	Yes	No	Hospitalization	Yes	No
Lungs	Yes	No	Skin Problem	Yes	No	Allergies	Yes	No

Any other physical or mental disability? _____

Month of last tetanus injection: _____

How did you hear about us?

Newspaper: _____ Outlet : _____ Website: _____ Friend: _____

PS: Personal belongings are participant's own responsibility. We do not accept any responsibility for loss of additional expenses due to sickness, weather, strikes or any other causes. Personal accident insurance is not included.

References			
Please enter details of your friends/relatives who would be interested in attending this Camp			
Sr.No.	Name	Contact No.	Mail ID
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			