



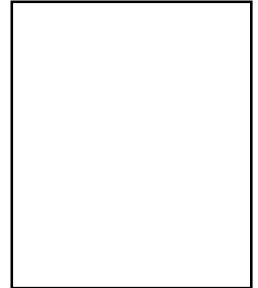
Mo. 089805 09343

# ADVENTURE & SPORTS

1<sup>st</sup> Floor, Sankrut Complex, Above Punjab National Bank, Abu Highway, **Palanpur**  
www.rebirthadvantur.com E-mail : rebirth.advanture@gmail.com

## APPLICATION FORM

FROM \_\_\_\_\_ TO \_\_\_\_\_



- 1) Name of the Applicant \_\_\_\_\_
- 2) Father's Name \_\_\_\_\_
- 3) Home Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
Distt. \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_
- 4) Telephone/ Mobile No. \_\_\_\_\_
- 5) Birth Date \_\_\_\_\_ Age in Years \_\_\_\_\_
- 6) E-mail \_\_\_\_\_
- 7) Experience in Adventure Activities \_\_\_\_\_
- 8) Special Hobbies or any other Information \_\_\_\_\_
- 9) School / College \_\_\_\_\_

Dated : \_\_\_\_\_

Signature of the Applicant

## DECLARATION

I agree to adhere to the discipline of the movement and programme in particular and abide the rules and regulations of the Institute during the whole event.

In case of any accident, illness or injury, I will not hold the Rebirth Adventure & Guides responsible at all.

I further declare that I have not been in contact with any infectious diseases for the past one month and that i am keeping good health & Physically fit to undergo the Adventure Programme.

*Feel the Nature With Enjoy*

Signature of the Applicant



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## MEDICAL CERTIFICATE

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Single / Married \_\_\_\_\_

1) Present / Past illness \_\_\_\_\_

2) Injuries / operation under gone and present condition \_\_\_\_\_

3) Any known drugs or food stuff \_\_\_\_\_

4) Blood Group \_\_\_\_\_

5) Is the Applicant Suffering from

(A) An Infectious disease Yes / No

(B) A Skin disease Yes / No

(C) Mental disease Yes / No

(D) Heart Trouble Yes / No

(E) Asthmatic Yes / No

(F) Any other disease / defect Yes / No

6) I, on this date \_\_\_\_\_ have examined Mr. / Miss / \_\_\_\_\_

\_\_\_\_\_ and found him / her medically fit / unfit to  
undergo an Adventure programme.

Medical Officer  
Registration Number & Designation

## RISK CERTIFICATE

(FOR APPLICANTS BELOW 18 YEARS OF AGE)

It is certified that my son/daughter/ward Mr./Miss. \_\_\_\_\_  
is joining the above mentioned Adventure Programme with my consent and the institute  
shall not be responsible for any illness, injury or accident during the event or journey periods  
for the purpose. It is further certified that he/she is physically fit to undergo the above said  
adventure programme.

Signature of parent / Guardian

Relationship with Participant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_



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