

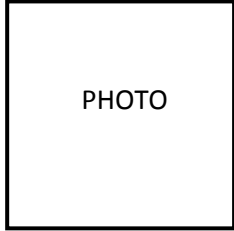


Himalaya Nature Club

Dalhousie
Cell: 9882882516

Email: hncdalhousie@gmail.com, Web: www.himalayanatureclub.org

Registration Form



Date of Reporting: _____ Camp: _____

Full Name (Capital letters): Mr./Ms. _____

Address: _____

_____ Dist.: _____ State: _____

PIN: _____ Email: _____

Contact: T) _____ M) _____

Date of Birth: ____/____/____ Age _____ Occupation: _____

Blood Group: _____ Trekking experience: _____

Hobby: _____

I agree to abide by the discipline of the expedition/camp and adhere to the direction of the organizers. In case of any accident, illness of injury, I will not hold the Himalaya Nature Club or organizers fully or partially responsible.

Date: _____ Signature of Participant: _____

Kindly Note:

- 1) The aim of the camp is Nature Education only, any other activities will not be allowed.
- 2) Do not take costly things like Mobile, Ornaments etc with you.
- 3) Do not make noise in the camp. Do not play music, walkman, radio during the camp.
- 4) Consumption of tobacco, cigarette or any other alcohol is strictly prohibited during the camp.
- 5) Activities against Nature, Organization and local governing bodies are strictly prohibited.
- 6) You should be well equipped for camp and trekking.
- 7) Do not fire any materials during the camp.

All possible care will be taken to provide good facility at the camp site to promote the real cause of the camping activity. The responsibility for the discipline and safety lies entirely with the participant. Organizers & instructors are not responsible for any incident that may occur during the camp or the to and fro journey. Medical facility in the form of first-aid will be available and best care of the participants will be taken.

Risk Certificate for Participants below 18 Years

I certified that my son/daughter Mr. /Ms. _____ is joining the expedition/camp with my permission and Himalaya Nature Club shall not be held responsible for any illness, injury or accident. Further, certified that he/she is fit to undergo the hardship of the Trekking /Expedition / Camp / adventure activities.

Place _____

Date _____

Signature of Parent/Guardian _____

OFFICE USE

Fees amount Received _____ Date: _____

Fees received by _____

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Form No

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Camp: _____

Name: _____ Place: _____

Fees amount received: _____

Date: _____ Name & Signature: _____