



Registration Form



**Duration of Adventure Activity Programme**

- 1. Name in Block letters \_\_\_\_\_
- 2. Father's/Husband's Name \_\_\_\_\_
- 3. Date of Birth \_\_\_\_\_
- 4. Sex \_\_\_\_\_
- 5. Occupation/Profession \_\_\_\_\_
- 6. Permanent Address \_\_\_\_\_
- With e-mail & Tel no. \_\_\_\_\_
- 7. Present Address \_\_\_\_\_  
\_\_\_\_\_
- 8. Age and date of Birth \_\_\_\_\_
- 9. Vegetarian/Non vegetarian \_\_\_\_\_
- 10. Academic Qualifications \_\_\_\_\_
- 11. Outdoor Camping Experience (if you have done mountaineering, hiking, trekking, rock climbing and adventure Activities earlier) \_\_\_\_\_  
\_\_\_\_\_

I agree to abide by/adhere to the discipline of the centre during the Adventure Activities Programme failing which I am liable for the expulsion. In case of accident/injury I will not hold the WHMC partially or wholly responsible.

I have read the rules and regulations of the WHMC and have fully understood the meaning and significance of the same. The above entries have been made by me and are correct to the best of my knowledge and belief.

Place\_\_\_\_\_

Applicants signature with date

**Risk Certificate**

It is certified that I agree to detail my son/daughter/myself for Course at my own risk and no compensation will be paid to me in case of accident and I will not hold the WHMC or its staff wholly or partially responsible for any mishappening.

Date\_\_\_\_\_

Signature of Guardian/Parent/Applicant

Counter signed

**Note :** The risk certificate for the applicant below 18 years is to be signed by Parent/Guardian & for others by the applicant himself/herself and countersigned by the sponsoring authority.