



22nd International Adventure Programme
The Bharat Scouts and Guides, INDIA
 02 to 08 February 2020



APPLICATION FORM FOR OVERSEAS PARTICIPANT

Name of the Applicant (In Capital) :		Photo 3x3cm
Father's Name :		
Name of the Country :		
Home Address (In Capital) :		
	Country	Zip Code
Telephone/Mobile No. :		E-mail
Date of Birth (DD/MM/YYYY) :		Age in years
Experience in Scouting /Guiding :		
Experience in Adventure Activities :		
Have you attended any International Event? YES/NO		
If so, give details :		
Vegetarian or Non-Vegetarian :		
Special Hobbies or any other information :		

Signature of the Applicant

DECLARATION

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

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

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

Signature of the Applicant

FOR OFFICE USE

Selected/Not Selected _____	Programme Incharge _____
Reg. Fee Rs _____	R.N. _____ Date _____
Camp Fee Rs _____	R.N. _____ Date _____

Signature



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MEDICAL CERTIFICATE FOR OVERSEAS PARTICIPANT

Name of the Applicant (In Capital) : _____

Name of the Country : _____

Home Address (In Capital) : _____

Country	Zip Code
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Date of Birth (DD/MM/YYYY) : _____

	Single/Married	
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Present/Past illness of Significance: _____

Injuries / operations undergone and present condition : _____

Any known allergy to drugs or food stuff _____

Blood Group _____

- Is the Applicant Suffering from :
- | | | |
|-------|--------------------------|--------|
| (I) | Any Infectious disease | Yes/No |
| (ii) | Any Skin disease | Yes/No |
| (iii) | Mental disease | Yes/No |
| (iv) | Heart Trouble | Yes/No |
| (v) | Asthmatic | Yes/No |
| (vi) | Any other disease/defect | Yes/No |

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
 Date _____ Office Seal

RISK CERTIFICATE
 (FOR USE OF APPLICANTS OF 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 organizer 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 said rigorous programme.

Signature of Parent/Guardian _____

Relationship with participant _____

Name _____

Address _____