



HIMALAYAN CAMP' 2026

Confidence Building Adventure Camps for Beginners
ACTIVITY CAMP / TREKS / BIKE & JEEP SAFARI / HOME STAYS

2 photo



APPLICATION FORM

TO BE FILLED IN CAPITAL LETTERS

T-Shirt Size: S / M / L / XL / XXL

Name of the Applicant _____

Father's Name _____

Postal Address _____

Camp Date _____ Basic Trekking Camp Advanced Trekking Camp)

Phone No. _____ Mobile No. _____ / _____ / _____

Date of Birth _____ Age _____ (M/F) _____

Name of School _____

Qualification _____ Email _____

Hobbies: _____

I agree to send my son/daughter/ward to participate in the activities by CAC - AllROUNDER / School at my own risk. He/She will follow / obey all rule / orders / discipline of the organizers / and will not be held responsible / school / staff for any injury or mishap during the program or traveling. All the above information given by me is correct.

(Signature of Parents/Applicant)

This is to certify that I agree to details my Son/Daughter/Ward/Myself _____ for _____ at my own risk / no compensation will be paid to me in case of accident and I will not hold the institute or its staff wholly or partially responsible for the same.

Place : _____ Date : _____

(Signature of Parents/Guardian)

Note:

Risk certificate for applicant below 18 years of ages to be signed by the parents / Guardian and for other by applicant himself / herself.

MEDICAL CERTIFICATE

Name _____

Age _____ Weight _____ Blood Group _____

Blood Pressure _____ Respiration rate of Rest _____

Regular Medication required (If any) _____

Any allergies (including medicines) _____

Status of immunization (last dose received) _____

T.T. _____ Hepatitis _____ Typhoid _____ (date) _____

Name of Family doctor _____

Phone No. _____ Mobile _____

MEDICAL FORM

Kindly mention about any major operations or ailments suffered in recent past – Last 2 years

Place: _____ Date: _____

(Signature with seal of Medical Officer)

Note:

The Medical Officer should be Registered Medical Practitioner.