



**22<sup>nd</sup> International Adventure Programme**  
**The Bharat Scouts and Guides, INDIA**  
 02 to 08 February 2020



**APPLICATION FORM FOR OVERSEAS PARTICIPANT**

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

**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 \_\_\_\_\_