



## TRAILBLAZERS ENROLMENT FORM

### PARTICIPANT DETAILS (KINDLY FILL THE FORM IN CAPITALS)

Participant's Full Name \_\_\_\_\_

Gender :  M  F Date of Birth: \_\_/\_\_/\_\_ Nationality: \_\_\_\_\_

Participant's Email I.D. \_\_\_\_\_

School / Academic Institution: \_\_\_\_\_

Institution Address: \_\_\_\_\_

\_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Pin : \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Pin : \_\_\_\_\_

Res. Tel. No. : Area Code \_\_\_\_\_ Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mobile No. Father \_\_\_\_\_ Mobile No. Mother \_\_\_\_\_

Attach 3  
passport size  
recent  
photographs

### HOW DID YOU KNOW ABOUT THIS CAMP?

Newspaper  School  Friends  Mailer  Any other \_\_\_\_\_

### PARENT / GUARDIAN DETAILS

Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_ Office Name & Address \_\_\_\_\_

\_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Pin : \_\_\_\_\_

Email: \_\_\_\_\_

Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Office Name & Address \_\_\_\_\_

\_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Pin : \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person's Name other than parent \_\_\_\_\_

Area Code \_\_\_\_\_ Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

### CAMP DATE CHOICE

CAMP HIMALAYAS - ON THE EDGE	
BATCH CODE	DATES
	7 Days & 6 nights
1	03 May -09 May'09
2	17 May -23 May'09

BATCH PREFERENCE	
WRITE BATCH DATES WITH CODE	
_____	1 <sup>st</sup> Preference
_____	2 <sup>nd</sup> Preference

### Parent / Guardian Declaration

I confirm that the participant of the programme is mentally and physically fit to undergo activities of the camp. I / We will not hold TRAILBLAZERS or Associates responsible for unforeseen circumstances or loss sustained by him/her during the camp.

Signature of parent / guardian with date



## TRAILBLAZERS MEDICAL & OTHER DETAILS FORM

(KINDLY FILL THE FORM IN CAPITALS)

Participant's Full Name \_\_\_\_\_

• **ALLERGIES DETECTED**

Food \_\_\_\_\_

Drug \_\_\_\_\_

Other Allergies \_\_\_\_\_

Prescribed medicine in case of contraction of allergies \_\_\_\_\_

• ASTHAMA :     No         Yes                      Use of Asthama Pump                       Nebuliser

• Current Medications if any : \_\_\_\_\_

Dosage Quantity and Details \_\_\_\_\_

• Please make sure any medications your child needs for the trip are clearly labeled with child's name, name of trip, Dosage & time, any special instructions

• Participant's need an up-to-date TETENUS shot prior to the trip. Participant's last Tetanus immunization (DPT, Td) \_\_\_\_\_

• Blood Group with Rh factor \_\_\_\_\_

Parent / Guardian Agreement

I authorize trip counselors to obtain initial emergency medical care for my child

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

• **PREFERENCE DURING MEALS**

Jain Vegetarian without eggs, roots, onion, garlic, potato, tubers and sprouts, mayonnaise

Vegetarian with eggs         Vegetarian without eggs

Non Vegetarian

• **PARTICIPANT CLOTHING (T-SHIRT) MEASUREMENT / SIZE UNIVERSAL MEASURE**

S

M

L

XL

XXL

• **PARTICIPANT WEARS**     Spectacles         Lenses        of Power(+ / -) \_\_\_\_\_

• **PARTICIPANT'S TRAVEL PLANS**

TRAILBLAZERS TO ORGANISE ONWARD & RETURN FLIGHT

PARENT/GUARDIAN WILL ORGANISE ONWARD & RETURN FLIGHT\*\*

\*\* Participant who have chosen this option, kindly fill in the following details

• I would arrive by :  FLIGHT No. \_\_\_\_\_ Airlines: \_\_\_\_\_

at \_\_\_\_\_ a.m./ p.m on date \_\_\_/\_\_\_/\_\_\_

• I would return by :  FLIGHT No. \_\_\_\_\_ Airlines: \_\_\_\_\_

at \_\_\_\_\_ a.m./ p.m on date \_\_\_/\_\_\_/\_\_\_

**PAYMENT DETAILS**

**Cheques to be drawn in favour of TRAILBLAZERS ADVENTURE TRAVEL PVT. LTD.)**

I have paid     Rs.12,500 camp fees +  Airfare of Rs. \_\_\_\_\_

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank \_\_\_\_\_

**For office use only**

Cheque received on: \_\_\_/\_\_\_/\_\_\_ . Amount Rs. \_\_\_\_\_/- by  Cheque No. \_\_\_\_\_

Receipt no.: \_\_\_\_\_ Sent on: \_\_\_\_\_ . Remarks: \_\_\_\_\_

**TRAILBLAZERS ADVENTURE TRAVEL PVT. LTD**

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