



## 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 then parent \_\_\_\_\_

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

### CAMP CHOICE & DATE CHOICE

BATCH CODE	DATES
	8 Days & 7nights
Camp Misty Mountains	01 May - 08 May'10
Camp Swirling Clouds	01 May - 08 May'10
Camp Swirling Clouds	18 May - 25 May'10

**BATCH PREFERENCE**  
**WRITE BATCH DATES**

\_\_\_\_\_ 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 TRAIN

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

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

• I would arrive by : \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ a.m./ p.m  
on date \_\_\_/\_\_\_/\_\_\_

• I would return by : \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ a.m./ p.m  
on date \_\_\_/\_\_\_/\_\_\_

**TRAILBLAZERS ADVENTURE TRAVEL PVT. LTD**

Edenwoods, Bay House, Gr-A, Off Pokhran Road No. 2, Thane (West), Maharashtra, India-400610

Tel : +91-22-25891513 / 25891490    Telefax : +91-22-25891513

E-Mail : [trailblazers@vsnl.com](mailto:trailblazers@vsnl.com)    Website : [www.trailblazersindia.com](http://www.trailblazersindia.com)