

CONSENT FORM

PARENT OR GUARDIAN IS REQUESTED TO FILL THIS FORM in BOLD AND SEND IT TO US

Name of Camper			
Gender: M / F	Age:	DOB:	
Address:			
Email:	Blood Group:	Mobile:	
Medical			
State any disability or illness (ex. Epilepsy, asthma, allergies, etc.)			
Are you on any specific medication?			
Mention history of injury, surgery, etc. If any?			
Do you have any food allergies?			
Emergency contact person			
Address:			
Mobile/ Landline:			

He/ She will abide by the rules and regulations laid by the Organizers/ Outdoor Guides from time to time during the camp period and I hereby declare that I/we have not hidden any necessary information regarding his/ her health, history of injury etc.,

Code of Conduct:

We want this camp to be a safe, fun, and meaningful experience for everyone. So, we ask all participants to respect the guidelines and each other. Disruptive or inappropriate behavior will be addressed seriously by the camp team and may lead to being asked to leave the camp.

Parents/Guardian Name:

Name of Camper:

Signature

Signature

