

ACADEMY FOR MOUNTAINEERING AND ADVENTURE SPORTS

Neyyattinkara, Thiruvananthapuram.Kerala.Pincode - 695 121 Phone: 0471 - 2227939, Fax: 0471 - 2227939 Mob: 09446101056 Email: directoramas@gmail.com, academymas@yahoo.com

Website: www.amasadventurekerala.com, www.facebook.com/academymas

APPLICATION FORM

Fo	rAdventure Programm	e fromtoto	
1.	Name of the Applicant (in Capital)		
2.	Guardians Name		Photo
3.	Address (in Capital)		
	DistrictState	Pincode	
4.	TelephponeMobile	Email:	
5.	Date of Birth	Age in year	
6.	Educational Qualification		Sex
7.	Official /School/College Address		
	District	Pincode.	
	PhoneMobile	Email:	
8.	Experience in Adventure activities		
9.	Special Hobbies or any other information		
	DECLA	RATION	
ee	I agree to adhere to the discipline of the movement and put the Academy during the whole event. In case of any accidering & Adventure Sports responsible for at all. I further decrete past one month and that I am keeping good health &	ent, illness or injury. I will not hold the clare that I have not been in contact wi	Academy for Mountain- th any infectious disease
Pla	ace:		
Da	ate:	Signature of the Applicant	
		Name:	

$\underline{\textbf{CONSENT OF THE PARENT}}$

(FOR APPLICANTS BELOW 18 YEARS OF AGE)

Adventure programme with m	ny consent and I ha g the event or journ	ave come to know bey period for the pu	that the Academy urpose. It is furthe	is joining the above mentioned y shall not be responsible for any r certified that he/she is physically belief.			
Place:							
Date:		Signature of th	e Parent/Guardia	n			
	Relationship with participant						
		Name:					
		Address					
FOR OFFICE USE							
Received on				Selected / Not selected			
Reg. Fee Rs	D.D. No		Rt.No	Date			
Dev.Fee & Camp Fee Rs		R.N		Date			
Booking Sl. No	Camp No		Reg. No				
Remarks							
Co-ordinator		Camp Leader		Director/Joint Director			