



ENROLLMENT FORM

MORNI NATURE CAMP (Regd.)

(CERTIFICATE NO: P0N2020H133)

#VILLAGE BHUDI, BLOCK- MORNI, PANCHKULA HARYANA (INDIA)

CONTACT NO. : 09050809122, 07880000696, 08708751076

E-mail & website: morninaturecamp@gmail.com ; WWW.MORNINATURECAMP.COM

FIRST NAME :

LAST NAME :

FATHER'S NAME :

PERMANENT ADD. :

E-MAIL I'D :

CONTACT NO. :

DATE OF BIRTH : SEX: MALE FEMALE

EDUCATION :

OCCUPATION BUSINESSMAN STUDENT GOVT. EMPLOYEE OTHER

PLEASE AFFIX
YOUR PASSPORT
SIZE PHOTO

RISK CONDITION

It is certified that I agree to detail my son/daughter/ward/Mr./myself.....
for.....course at my own risk and no compensation will be paid to me in case of accident and I
will not hold the MORNI NATURE CAMP club and its staff wholly or partially responsible for any
mishappening.

Date:.....

Signature of Parent/Guardian/Applicant

PARENT'S CONSENT CERTIFICATE

Note: - The risk certificate for applicants below 18 years of age is to be signed by the parent/legal guardian and for others by the applicant himself/herself and countersigned by sponsoring authority.

Yes I would like to enroll as a volunteer of your firm. I hereby pledge to voluntarily work for the protection of adventure sports and in the interest of the firm. I declare that information included in this application is true and correct. I have read terms and conditions and they are acceptable.

Date:.....

Signature of applicant

Place:.....

Signature of Guardian
(In case of minor)