



## THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No. 205, 1<sup>st</sup> floor, Kanteerava Sports Complex – 2,  
Kanteerava Stadium Premises, Kasturba Road, Bangalore - 560001

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W: www.kmaindia.org FB: www.facebook.com\KMAIndia

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stamp size  
Photo

### REGISTRATION FORM

(All fields are mandatory)

Nature of Programme	STATE YOUTH ADVENTURE PROGRAMME
Period of Programme	23.12.2018 TO 27.12.2018

#### PARTICIPANT'S DETAILS:

Participant's Name						
	DOB:	Age:		Gender: M / F	Blood Group:	
	T-SHIRT SIZE:	S	M	L	XL	Tick appropriate box
Name of Father/Mother/Gaurdian						
Occupation of parent/Guardian						
Address						
Phone: Participant*	Mobile:			Landline:		
Email : Participant*						

(\*If participant does not have a mobile or an e-Mail ID, give parent's (any) contact details)

#### ALTERNATE CONTACT DETAILS:

Full Name			
Relationship			
Phone	Mobile:		Landline:
Email			

**GIVE DETAILS OF ANY ADVENTURE ACTIVITY YOU HAVE PARTICIPATED IN (If any):**

Sl.No.	Programme Name	Organization Name	Month / Year

**Do you suffer from any of the following? (Select all that apply)**

**Asthma**       **Migraine Headache**       **Hypertension**   
**Respiratory Problems**       **Cardiac Problems**       **Vision/Hearing impairment**

**History of serious illness (If any):**.....

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the particulars furnished in this registration form are true to the best of my knowledge and belief. I have gone through the contents of the brochure and have fully understood them. I agree to adhere strictly to the discipline of the programme and abide by the directions of the organisers / leaders at all times during the programme. My parents / guardians have consented to my participation. I further declare that in case of accident, illness, injury or any calamity whatsoever, I will not hold The Karnataka Mountaineering Association or its committee or any other organisation(s)/individual(s) with whom the programme is tied up, responsible in anyway.

I pledge that I have not suffered or am suffering from any serious illness or injury and that I am in good health. I sign this declaration willfully and with all my senses under control.

Signature of the parent / guardian  
(in case of minor)

Signature of the Participant with date

	MODE (Pl. tick)	RECEIPT [FOR OFFICE USE ONLY]		AMOUNT
		NO.	DATE	
<b>FEE PAID</b>	Cash/cheque/online transfer			
Give details if transferred online. Also mention account holder's name who has transferred the fee on behalf of the participant. (This is mandatory)				This is important so as to correctly identify the payment to the participant if the transfereor is other than the participant .

BANK ACCOUNT DETAILS TO WHICH AMOUNT IS TO BE TRANSFERRED	Bank : Corporation bank Branch : Nrupathunga Road, Bangalore Account type : SB Account holders name : The Karnataka Mountaineering Association Account number : 520101235072644 IFSC code : CORP0000175
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