



PIONEERS OF ADVENTURE BASED LEARNING PROGRAMMES FOR CHILDREN IN INDIA

REGISTRATION FORM

Dear Parent,

Welcome to Youreka Nature Campouts! We are thrilled that your child has decided to indulge in some 'real play'.

As you know, during the Campout your child will be participating in activities that are **more demanding than the usual urban routine**. They will travel by train, jeeps, airplane or bus, campout in the wilderness, stay in tents, and depending upon the weather and altitude, may face wet or cold conditions or other natural hazards.

In order to make your child's Youreka experience memorable and fruitful, **safety is of paramount importance to us**. That's why not only do we have adequate adult supervision on campus, our well-trained leaders frequently discuss and review wilderness safety with participants during the campout. There's medical aid on campus and doctors are available 24x7 for consultation. Hospitals are just 45 to 90 minutes away from the campus; though access time may vary from activity areas.

Though we have an impeccable safety record and over 50,000 satisfied participants, please understand that when engaged in outdoor activities, there are some inherent risks. The wilderness needs to be respected and there are some guidelines and instructions that need to be adhered to. We request you to please go through this document carefully. **Please don't hesitate to call us, if you have any specific queries.**

To help us deliver a meaningful experience to your child, it's really important for you to ensure that your child is mentally prepared to participate in the programme. Help the child understand that this is a **learning experience** and not just a holiday or an adventure programme.

Adhering to the following instructions will help:

- 1: Please make sure that your child does not carry excessive cash to the programme. No valuables, no mobile phones.
- 2: Please don't send any food items/ tuck. Keeping any eatables in the tent attracts insects etc and can be dangerous.
- 3: Pack in a shoulder bag or rucksack, not a suitcase.

We are sure your child will come back with **Youreka Moments, which will be memories for life.**

Looking forward to an exciting programme!

Ronny Gulati
Director, Youreka

PARENT CONSENT

I acknowledge receipt of the Director's letter and the Programme Brochure and have carefully read the same. My signature below indicates a genuine and voluntary desire on my part to enroll my child/ ward for the programme and:

- I fully understand the inherent risks associated with outdoor based adventure programmes and with travel by train, airplane and vehicles on highways and hilly terrain. I have sought information regarding the safety standards, practices and norms followed by Youreka and am satisfied with the same.
- In case of any untoward incident, I release Youreka Campouts Pvt. Ltd., its employees, agents, contractors and directors from any liability from claims arising from my child's / ward's participation in the programme and related activities conducted by them.
- My child does not suffer from any heart related issues and I have provided all relevant medical details in the form.
- I have read the rules and regulations regarding the participation, fee payment and cancellation policy and agree with the same.
- I have read and conveyed the points related to the conduct on the programme to my child, mentioned in the schedule and information document and we agree to abide by them.
- My child will not carry to the programme any valuables or mobile phone.
- In case my child is found carrying or using substances like drugs, alcohol etc., I understand that he/she may be sent back from the programme at my cost.
- I allow Youreka Campouts Pvt. Ltd., to use images and footage involving my child taken during the programme and use my given mobile number to send me SMSs from Youreka.
- I have carefully read the form, understood it and signed below voluntarily. Any claim or any controversy involving this agreement shall be conducted in New Delhi.

Participant name: Parent/ Guardian name:

Relationship: Signature:

PARTICIPANT PROGRAMME DETAILS

NAME:

M F DATE OF BIRTH
D D M M Y Y Y Y

VEG NON-VEG

SCHOOL: CLASS:

RESIDENTIAL ADDRESS:

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PHONE: EMAIL:

PROGRAMME NAME: ACTIVITY:

HEIGHT (When choosing mountain biking):

PARTICIPANT PHOTO
TO BE PASTED HERE

PARENT'S DETAILS

MOTHER'S NAME:

ORGANISATION:

DESIGNATION:

MOBILE:

EMAIL:

FATHER'S NAME:

ORGANISATION:

DESIGNATION:

MOBILE:

EMAIL:

OTHER DETAILS

HAVE YOU BEEN TO YOUREKA BEFORE? YES NO

YEAR CAMPUS

YEAR CAMPUS

YEAR CAMPUS

YEAR CAMPUS

IF NOT, HOW DID YOU HEAR ABOUT US? (Pls tick)

EVENT / ONLINE ADS / WEBSITE / ARTICLE / FRIEND

OTHERS (Please specify)

IF REFERRED, PLEASE WRITE HIS/HER NAME BELOW

You will get daily updates through facebook / website.

MEDICAL DETAILS

IF REQUIRED YOUR SIGNATURE ON THE FORM ALSO GIVES THE PHYSICIAN, SELECTED BY YOUREKA, PERMISSION TO HOSPITALISE OR PROVIDE MEDICAL TREATMENT TO YOUR CHILD.

(Please use an extra sheet if you wish, to bring anything to the notice of the campus doctor)

BLOOD GROUP:

MOTION SICKNESS: YES NO

1. Please state clearly if there is anything you wish the campus doctor should know regarding your child's health and medical needs.
2. Please specify if your child is allergic to any substances, food or medicines. What remedial action do you adopt in case of the allergy?
3. Has the child been hospitalised in the past year? If yes, provide details on a separate sheet.
4. Does your child suffer from asthma or epileptic fits? If yes, please provide the prescription of medicines by your physician.
5. Provide information of any muscle/ bone/ ligament related problems or recent fractures, if any.
6. Does your child sleep walk or has bed wetting problem?
7. When was the last time your child got an anti-tetanus shot?
8. Please note
 - If your child is using any medication, please mention this and ensure that it's carried to the programme. It will be deposited with the campus chief and issued as per requirement.
 - If your child uses prescription glasses, please have him/ her carry an extra pair.
 - In case we need to contact your family physician/ doctor, please provide the details.

We will also send you 3 SMS updates about your child during the course of the campout. Please write the number you would like us to use for this.

Mobile Phone No: