

Dear Parent,

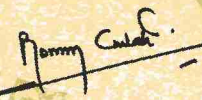
Welcome to the Youreka Family! We are thrilled that your child has decided to join us and hope this experience will be unique and memorable.

During the Youreka experience your child will be participating in activities that are more demanding than those encountered in everyday life. The wilderness needs to be respected and instructions and guidelines need to be adhered to. Safety and security is of paramount importance to us and our leaders will frequently discuss and review wilderness safety with participants. We have adequate adult supervision and our leaders are trained in their respective activities.

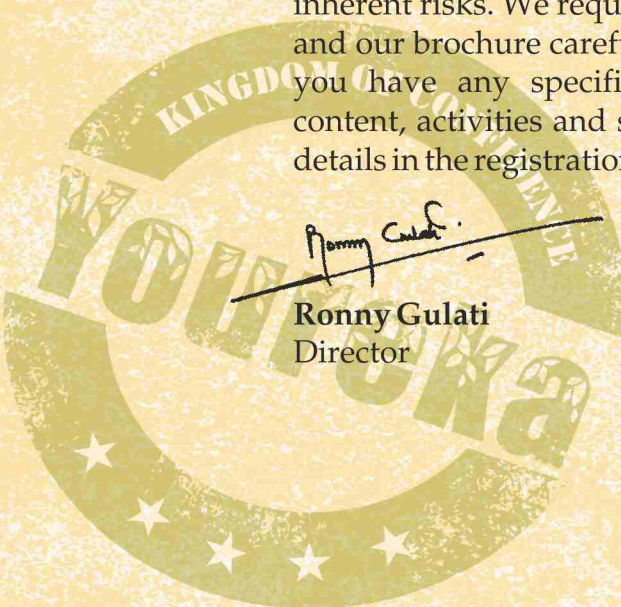
Depending on their choice, participants may be involved in activities like rock climbing, rappelling, trekking, rafting and cycling. They will travel by train, jeeps or bus and will camp out in the wilderness. Depending on the campus, they may even be near a river. They will stay in tents and depending on the weather and altitude, may face wet or cold conditions or other natural hazards.

We have high quality medical aid on campus. Senior doctors in medicine and pediatrics are available 24x7 for consultation. Hospitals are 45 to 90 minutes away from the campus and the access time may be higher from activity areas.

Nearly 50000 participants have been through the Youreka experience and we have an impeccable safety record. However, please understand that when engaged in outdoor activities, there are some inherent risks. We request that you spend time to read this document and our brochure carefully and understand the program structure. If you have any specific questions, especially regarding program content, activities and safety, do call us. Also, take care to fill in the details in the registration and medical forms.



Ronny Gulati
Director



REGISTRATION FORM

PARTICIPANT & PROGRAM DETAILS (PLEASE WRITE IN CAPITALS)

Name _____

M F Date of birth _____

Ht. _____ Wt. _____ Veg. Non Veg

School _____ Class _____

Residential Address _____

Pin _____

Telephone _____ E-mail _____

Program you want to attend (check code from schedule) _____

Endurance Zone (check activity from schedule) _____

Participant
photograph
(please paste here)

PARENT'S DETAILS

Mother's name _____

Profession / Designation _____ Tel. _____

Organisation _____

Mobile _____ E-mail _____

Father's name _____

Profession / Designation _____ Tel. _____

Organisation _____

Mobile _____ E-mail _____

OTHER DETAILS

Have you been to youreka before? Yes No

If yes, when?

Year	Campus
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If not, how did you hear about us?

Activity in school Condo/Society Activity Article/feature in _____

From a friend Internet
(Please write his details below) Others _____
(please specify)

Name _____

Tel. _____

Contact: We will be sending you an sms to inform you about your child reaching campus safely.

Please write the number you would like us to use for messaging _____

Daily updates will be provided on email & Facebook (www.facebook.com/YourekaPrograms).

MEDICAL DETAILS

We will rely on the information provided by you in this form. If required, your signature on the form also gives the physician, selected by Youreka, permission to hospitalize 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: Y _____ N _____

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 hospitalized 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 a bed-wetting problem?
7. When was the last time your child got an anti-tetanus shot?

If your child is currently using any medicine, please mention this and ensure that it is carried to the program. These 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.

Name: _____ Tel.: _____

PARENT CONSENT

- I acknowledge receipt of the Director's letter and the program 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 program.
- I fully understand the inherent risks associated with outdoor based adventure programs and with travel by train and in buses 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 Outbound Services Pvt. Ltd., its employees, agents, contractors and directors from any liability from claims arising from my child's/ ward's participation in the program and related activities conducted by them.
- My child does not suffer from any heart related issues or epilepsy and I have provided all relevant medical details in the form overleaf.
- I have read the rules and regulations regarding participation, fee payment and cancellation policy and agree with the same.
- I have read and conveyed the points related to the conduct on the program to my child mentioned in the schedule and information document and we agree to abide by them.
- My child will not carry to the program any valuables or mobile phones
- In case my child is found carrying or using substances like drugs, alcohol etc, I understand that he/she may be sent back home from the program at my cost.
- I allow Youreka Outbound Services Pvt. Ltd. to use images and footage involving my child taken during the program.

I have carefully read this form, understood it and sign below voluntarily. Any claim or any controversy involving this agreement shall be conducted in New Delhi. I also permit Youreka to use my given mobile number to send me sms from Youreka

Participant name: _____ Parent / Guardian name: _____

Relationship: _____ Signature _____