



THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No. 205, 1st Floor, Kanteerava Sports Complex - 2
Kanteerava Stadium Premises, Kasturaba Road, Bangalore - 560 001
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Web : www.kmaindia.net

Enclose
Recent Passport Size
Photograph

High Altitude Trekking / Climbing Expedition APPLICATION / REGISTRATION FORM

Programme : _____

Period : _____

Name : _____ DOB _____ Age _____ Sex _____

Occupation : _____ Blood Group _____

Father's / Husband's Name : _____

Office / Institution Address

Residential Address

Phone :

Phone :

E-mail :

E-mail :

Next of Kin, with relationship

Address

Phone :

E-mail :

Phone :

History of Serious illness if any _____

Do you from suffer Asthma, Migraine headache, Breathing / Heart Problems etc., Kindly specify _____

Previous experience of Adventure activities _____

I have the following gear - (Tick)

◆ Sleeping Bag

◆ Carrymat

◆ Ice Axe

◆ Rucksack

◆ Climbing Boots

◆ Crampons

FOR OFFICE USE ONLY

	MODE	Receipt		Amount
		No.	Date	
Registration Fee (Non Refundable)				
1st Installment				
2nd Installment				
Remarks				

DECLARATION

I hereby declare that the particulars furnished in the application 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 KMA or its committee or any other organisation / individual(s) with whom the programme is tied up, responsible in any way.

I pledge that, I have not suffered or 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 parent / guardian with date
(in case of minor)

Signature of Participant

Place :

Date :