



Sunita's Makerspace
in association with Inme



Youreka

Student Registration Form

Select Location : Tirthan Tons

School Name: _____ Grade: _____

Student's name: _____ Date of Birth: _____ M F

Email: _____ Non Veg Veg Jain

Residence address: _____

_____ City: _____ Pin Code: _____

Father's name: _____ Mobile No: _____

Email: _____ Designation / Organization: _____

Mother's name: _____ Mobile No: _____

Email: _____ Designation / Organization: _____

Medical details (please use additional paper if you need to share details) To be filled by parent/guardian:-

Please fill this form carefully and provide all details clearly. We will rely on this information in case of any need. Your consent to let your child participate assumes permission to the doctor selected by Youreka to provide medication or hospitalization at the available hospital in case of a medical need.

1. Does your child have any heart related or epilepsy related condition? Y N

If your answer is YES, we do not recommend this program for your child.

2. Blood group 3. Anti Tetanus (date last administered) _____

4. (a) Is there is any medical condition or relevant information you think we need to have for an outdoor program about your child? If yes please use additional paper to provide details. Y N

(b) Has your child had any muscle/ bone/ ligament related problems or a fracture recently Y N

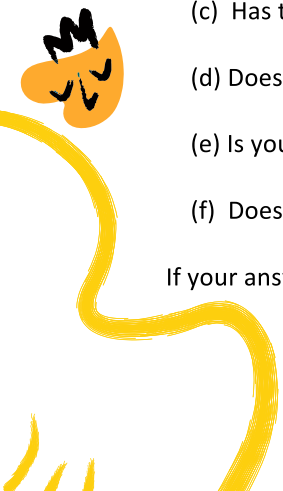
(c) Has the child been hospitalized in the past year. Y N

(d) Does your child suffer from asthma? Y N

(e) Is your child allergic to any substances, foods or medicines? Y N

(f) Does your child suffer from any bed-wetting or sleepwalking condition? Y N

If your answer is yes to any of the above, provide details (use additional paper):





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If the child is currently using any medication, please mention this and ensure that it is carried to the program. These will be deposited with the doctor and issued as per requirement.
If the child uses contact glasses, please ensure that an extra pair is carried to the program.

Parent Consent Form

I have read the details of the Youreka program that my child's school has shared with me and voluntarily enroll my child/ward for the outdoor-based adventure program.

My child is medically fit to participate in an outdoor-based adventure program and I have provided all relevant medical details.

Given the school's selection of Youreka for conducting this program, I expect Youreka to do everything possible and reasonably in its control to ensure the safety and care of my child through qualified adult supervision and guidance by its representatives, travel leaders, vendors, employees, and directors. I also fully understand the inherent challenges and risks associated with outdoor programs and the related logistics of travel and stay.

I have read, understood and filled this form and I sign below voluntarily. Any claim or controversy involving this agreement shall be conducted in New Delhi.

Name of parent/guardian: _____

Name of child : _____

Date : _____

Signature of parent/guardian: : _____

