

|                |  |            |  |                |  |
|----------------|--|------------|--|----------------|--|
| <b>Deposit</b> |  | <b>EST</b> |  | <b>Balance</b> |  |
|----------------|--|------------|--|----------------|--|

School: ..... Destination: .....  
 Departure Year: ..... Team: .....

**PERSONAL DETAILS:**

**Title:** Mr/Miss/Other (please specify) \_\_\_\_\_  
**Forenames** (as per passport): \_\_\_\_\_  
**Surname** (as per passport): \_\_\_\_\_  
**Name by which you would like to be known:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Postcode:** \_\_\_\_\_

**Daytime Tel:** \_\_\_\_\_ **Evening Tel:** \_\_\_\_\_  
**Mobile Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PASSPORT DETAILS:**

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
**Passport No:** \_\_\_\_\_  
**Date and Place of Issue:** \_\_\_\_\_  
**Date of Expiry:** \_\_\_\_\_

**DETAILS OF PARENT OR GUARDIAN:**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Postcode:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Evening Tel:** \_\_\_\_\_  
**Mobile Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ADMIN DETAILS:**

**Which part of the programme specifically interests you:**  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please read the enclosed Terms & Conditions*

I have read, understood and agree to the terms and conditions. I also agree to follow the programme rules and standards whilst on Project India.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- I enclose a non-refundable deposit of £200, made payable to "Adventure Lifesigns Limited".
- I enclose my completed medical questionnaire.
- I enclose a copy of my current passport.

If under 18 please get a signature of your parent or guardian:  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Adventure Lifesigns are environmentally aware and where possible only use sustainable resources. As part of our commitment to the environment all of our expeditions are "carbon neutral" and most of our paperwork is electronically generated. Please email rather than write and help save the natural world.

**Please return your completed form to: The Granary, Shoelands Farm, Puttenham, Surrey, GU10 1HL.**

# INITIAL PERSONAL MEDICAL HISTORY

NAME:.....

SCHOOL:.....

Have you ever suffered from:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Asthma   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Diabetes   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Epilepsy   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heart Condition  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Recurrent back/joint problems  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you or have you in the past suffered from any form of psychiatric / eating disorder | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If YES to any of the above, please give details:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever had an operation?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever had an anaesthetic?         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever had a blood transfusion?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you allergic to any particular drugs? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have any other allergies?          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If YES to any of the above, please give details:

Do you presently use any form of medication (Including the pill) or use any creams? YES  NO

Do you suffer from any physical or other disability? YES  NO

If YES, please give details:

## IMPORTANT

If you are aware of any medical condition or medically relevant fact relating to a third party, ie. parent or relative, which may result in you either cancelling your expedition or requiring to return home early, you must advise Adventure Lifesigns who will in turn advise our insurers.

If you neglect to declare a medical condition it may well affect your emergency evacuation insurance cover while on expedition.

Please be advised that Adventure Lifesigns reserves the right to forward all medical information provided to our insurers or their agents for medical screening purposes.

I have read and understand Adventure Lifesigns Limited terms and conditions and agree to those terms and conditions.

If under 18 please get a signature of your parent or guardian.

Signed: .....Date: .....