

PULSE RACER

Registration Form

Name and Date of Programme: _____

1. Name in BLOCK LETTERS [Mr./Ms.] _____

2a. Date of Birth (Day / Month / Year) ____/____/____ 2b. Zodiac sign _____

2c. Blood Group _____ 2d. Vision _____ 2e. Gender M / F 2f. Height _____ cm.

2g. Weight _____ kg. 2h. Chest _____ cm. 2i. Waist _____ cm. 2j. Shoe size _____

2k. Food habits : Veg./Eggs/Non-Veg./Fish/Pork (tick one or more) others _____

3. Nationality _____ Passport No. _____

4. Visa details (foreign nationals) _____

5. Current Status [Student/Employed/Unemployed] Occupation _____

6. Allergies (if any)/Any Known Medical History: _____

7. Father's/Husband's Name Mr. _____

8. Residential Address: _____

Tel./Cell _____ FAX _____ E-Mail _____

9. Institutional Address: (with class and section in case of a student) _____

Tel./Cell _____ FAX _____ E-Mail _____

I am aware of and agree to the fact that my contact details may be released to others by Pulse Racer.

Payment details: Paid Rs. _____ (in words _____) vide cash / DD / cheque

no. _____ dated _____ favouring 'PULSE RACER'. Amount due _____.

Signature of Participant

Guardian/Parent/Head of Institution (with Seal)
(If below 18 years)

INDEMNITY BOND

DECLARATION BY THE APPLICANT

I hereby affirm that I am undertaking the above programme with M/s. Pulse Racer that is commencing from (date) _____ to (date) _____. M/s. Pulse Racer will not be held responsible for any physical or mental injury including loss of life and limb to the participant Mr./Ms. _____ during the course of the programme. It is also certified that the participant is medically fit at the time of commencement of the programme.

Signature of Participant

Date: _____

Place: _____

Signature of Witness/Parent/Guardian/Head of Institution (with Seal)
(If below 18 years **or else** to be signed by a witness)