

## MindVISA Registration Form

Please complete the form in capital letters and send it through email to [info@mindvisa.com](mailto:info@mindvisa.com) or

by fax to +91-8066885171

### A. PARTICIPANT'S DETAILS

Name of the Participant: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Which MindVISA program would your child like to attend? \_\_\_\_\_

Has your child been abroad before?  Yes  No

Which cities has your child visited abroad? \_\_\_\_\_

\_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

\_\_\_\_\_

### B. PARENTS' or GUARDIAN'S DETAILS

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the guardian, if other than one of the parents:

\_\_\_\_\_

Relationship with the participant: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Residential address of the primary contact (either parent or guardian):

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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### C. MEDICAL DETAILS

Please answer the following questions completely and thoroughly. We rely on your full disclosure below to care for your child while he/she attends the MindVISA program.

Blood Group: \_\_\_\_\_ Motion Sickness:  Yes  No

1. Does your child have any chronic diseases such as asthma? If yes, please provide details including medications. \_\_\_\_\_  
\_\_\_\_\_

2. Is your child allergic to any food, substances or medication? Please specify, what remedies you adopt in case of allergy? \_\_\_\_\_  
\_\_\_\_\_

3. Does your child ever have an epileptic fit? If yes, please provide details including medications.  
\_\_\_\_\_

4. Did your child have any injury, illness, infectious disease or surgery within the past year? Please specify. \_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any sleeping problem? \_\_\_\_\_

6. Please let us know if your child has any other health or medical needs? \_\_\_\_\_  
\_\_\_\_\_

### D. PARENTAL CONSENT

1. The child (the participant) described on this registration form has my permission to be in all activities at the designated places during the program.
2. I acknowledge that I have fully read the program details and that I am voluntarily sending my child to the program.
3. I certify that my child is in good, normal health, has no abnormal tendencies, is subject to taking reasonable directions and would make a desirable companion for other program participants.
4. I and my child understand that smoking, chewing tobacco, or the use of any alcoholic beverages, narcotics, and controlled substances are not permitted at the programs. I understand that MindVISA Travel Education (India) Pvt. Ltd. reserves the right to dismiss, without refund, and send my child back home at my cost, if he/she is found to possess or use such substances during the program.

Parental Consent (Contd.)

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5. I fully understand the inherent risks associated with my child's travel by train, buses, cars, ferries, and flights to, from and between program destinations. I also understand risks associated with program-related activities. I have sought, understood, and I am fully satisfied with, the safety practices and norms followed by MindVISA Travel Education (India) Pvt. Ltd.
6. If a medical emergency should arise while my child is on this trip, I consent and give permission to the MindVISA Travel Education (India) Pvt. Ltd. representative to select a physician and/or hospital for care. I also give the physician and/or hospital, as selected by the aforementioned representative, my permission to treat, hospitalize, give x-rays, test, order injections, administer anaesthesia, or provide surgery for my child.
7. In case of any untoward incident, I do release MindVISA Travel Education (India) Pvt. Ltd., its employees, agents, affiliates, contractors, and directors, from any damages, or liabilities, arising from child's participation in the program and the related activities.
8. In case of a disaster, war or similar force majeure situations in the program travel destinations, MindVISA Travel Education (India) Pvt. Ltd. reserves the right to cancel the program, and refund reasonable, unspent amounts of the program fee.
9. I understand and agree that I will receive a refund of 50% if I cancel my registration before 21 days of the program start date; a refund of 25% if I cancel my registration before 15 days of the program start date; and no refund if I cancel my registration thereafter.
10. I hereby permit MindVISA Travel Education (India) Pvt. Ltd. to use images, quotes, and/ or video footages, involving my child, recorded during the program, for use in the company's promotional materials.

I have carefully read and understood this form, and voluntarily sign below.

NAME OF THE PARTICIPANT:

\_\_\_\_\_

NAME OF THE PARENT/GUARDIAN:

\_\_\_\_\_

DATE:

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN:

\_\_\_\_\_