



## Chinmaya Mission Washington Regional Center Youth Camp 2009

(DEC 28, 29, 30 – 9:00 AM TO 5:00 PM; DEC 31<sup>ST</sup> - 9:00 AM TO NOON)

### Registration:

**\$108 per student**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_  
(Last Name) (First Name)

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_

### Parents/Guardian Information:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Planned Activities:

Mauna and Meditation; Games; Movie and Discussion; Yoga; & "Spirituality in Society"  
satsangs

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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(Last Name) (First Name)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (H) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Emergency Contacts:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Additional contacts in the event either parents cannot be reached:

Name	Relationship	Address	Telephone No's
			Home: Work: Cell:
			Home: Work: Cell:

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

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Health Information:

List any health/dietary information about your child below:

Health Problem if any: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Provide Doctor's note with complete information on dosage for any medication your child is required to take.

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Parent Agreement:

Under ordinary circumstances, every effort will be made to contact the parents in case of illness or emergency. However, some situation dictate that Chinmaya Mission must obtain permission from, or turn the care of my child over to the individual/medical personnel listed above. In the absence of these or any other specific directions, Chinmaya Youth Camp authorities are empowered to use their best judgment in the interest of the health and safety of my child.

I also give permission for my child/children to participate in all camp sponsored field trips and swimming.

## RELEASE FORM

**Participants and their parents agree to indemnify and hold harmless Chinmaya Mission Washington Regional Center (hereafter mentioned as the Mission) from all claims, damages, liabilities, losses and expenses, including attorney fee, arising out of or in any way resulting from acts or omissions of volunteers and members of Chinmaya Mission Washington Regional Center, its agents, employees, servants or invitees, for the duration of the camp, inside the Mission premises or outside on field trips, which the participant may sustain because of bodily injury, including death, sustained by any person or persons, including loss of use thereof, whether such injuries to persons or damage to property are due, or claimed to be due to any negligence of host, whether active or passive, its or their agents, employees, or other persons. This paragraph includes, but is not limited to defense and indemnity for any claim, suit, complaint or cross-complaint which may be brought against the Mission by any person or organization in conjunction with this agreement, regardless or whether the Mission is negligent actively, passively, or at all.**

Parent's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_