

**RegistrationForm**

# Studentdetails

Student’s Name: (First) (Last) Date of Birth:

Sex:☐M☐F

Address: City: State: Zip: Student’s phone number (Optional):

Doyouhaveasiblingattendingthecampwithyou?Ifyes,listtheirname(s)

# Parentdetails

Parent 1 / Guardian’s Name: (First) (Last) Parent 2 / Guardian’s Name: (First) (Last) Cell Phone 1:

Cell Phone 2:

Work/Home phone:

Incaseofemergency,pleasecirclethebestnumbertoreachyou. Email:

Pleaselistthenamesofpeoplewhoareallowedtosignyourchild/childrenoutof camp

# MedicalInformation

1. Doesyourchildhaveanyallergies? If yes, Please list
2. Does your child have any medical condition that would necessitate a staff member administering any medication? If yes, please explain

I/We consent to the staff members contacting emergency services, should the need arise Signature (Parent/Guardian) Date:

# GeneralCampInformation:

1. PaymentcanbemadetoStocktonShivaVishnuTempleviacash,checkorcreditcard. Please drop off the form with payment at the temple by May 28th.
2. Thechildrencanbringasnackandwaterbottlefromhome.Wehaveawaterstation.
3. Pleasewearloose,comfortableclothingappropriateforthetempleandphysical activities.
4. Childrenwillneedayogamat,apenorpencil,anotebookandafile/folder.

# ConsentandWaiver

**I/We consent that any photograph or video that may be taken of our child during camp maybeusedforpromotionalmaterialsuchastheSSVTwebsite/socialmediaplatforms.**

With the signing of this form, it is hereby acknowledged that Stockton Shiva Vishnu Temple and its associates including, but not limited to, members, volunteers, hired firms and corporationsarenotliableandnorresponsibleforanyinjuriesanddamages,currentorfuture,tobothperson and property. SSVT is not responsible for your personal and/or business items and they are solely your responsibility. The contract also expressly denies SSVT’s liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature arising due totheft,injuries,ordamagestopersonandproperty.Thisreleaseisacontractbetweenyouand SSVT and not merely a recital.

Print name and Signature: (Parent/Guardian) Date: