



2019 CHINMAYA CHILDREN SUMMER DAY CAMP – Mātṛ Devo Bhava (JULY 8-12) (Grades 1-8)

CAMPER NAME: (f,m,l)
GRADE (in September)

D.O.B: (mm/dd/yy)

PARENT/GUARDIAN: (f,m,l)

CELL:

PARENT/GUARDIAN: (f,m,l)

CELL:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

HOME TEL:

PARENT1 EMAIL:

PARENT2 EMAIL:

MEDICAL INFORMATION (if any, we need to know):

FOOD/DRUG ALLERGIES:

PHYSICIAN (Name/Tel):

HOSPITAL AFFILIATION:

MEDICAL INSURANCE PROVIDER:

TELEPHONE:

SUBSCRIBER NAME:

GROUP/POLICY #

EMERGENCY CONTACT: Please list two (2) people to be contacted in case of emergency. (Please make them aware that their name will be used.) We will make every effort to contact the parent first, then your emergency contacts.

CONTACT NAME 1:

RELATIONSHIP:

TEL:

CONTACT NAME 2:

RELATIONSHIP:

TEL:

PERMISSION FOR PICK-UP: My child may be released to the following adults only (picture ID is required).

NAME:

RELATIONSHIP:

TEL:

NAME:

RELATIONSHIP:

TEL:

I give full permission for my child in my care to attend and participate in all camp activities. I agree to cooperate with all regulations, and understand that a fee of **\$175 is due at the time of this Registration.**

I give full permission for Chinmaya Mission Sacramento to use any photographs, films and/or sound recordings in which my child appears for publicity purposes, now and any time in the future, in any media.

Emergency Medical Release In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to Chinmaya Mission Staff/Volunteer or the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child, including calling 911.

I understand Chinmaya Mission Sacramento is not responsible for cost of medical care. I also release the Chinmaya Mission Sacramento from any and all liability related to medical treatment.

I hereby **release** and discharge said Chinmaya Mission Sacramento and any and all agents from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of participation in the youth program.

I ACCEPT ALL THE TERMS AND CONDITIONS OF THE CAMP.

PARENT NAME:

SIGNATURE:

DATE: