

Center for Spiritual Enlightenment

Youth Summer Yoga Camp

July 9th to July 20th, 2018

9 a.m. to 3:00 p.m.

Registration / Permission Form

Child's Name _____ Birthdate _____

Parents/ Guardian's Names _____ Email _____ Name of the person to be called <u>during the weeks and time of Spirit Day Camp</u> Name _____ Phone number where we can contact you _____ Home phone _____ Cell phone _____ Address _____ Relationship if different than parent _____
--

Fee: \$425

Total Amount Enclosed _____ Check # _____ Please make payable to CSE

Visa/MasterCard # _____ Expiration Date _____

Signature for Credit Card Transaction _____

Please mail both pages and payment due, back to:

Rev. Elena Fritchle
CSE
1146 University Ave.
San Jose, CA 95126

Student Information Sheet

Student's Name _____ Date of Birth _____
Parent/ Guardian Name _____
Phone where we can reach you during camp hours _____
Address _____
Email _____ Student's t-shirt size _____

MEDICAL INFORMATION *This is kept confidential*

Please list any allergies _____

Describe your student's allergic reactions _____

Other medical concerns _____

Medications being used _____

Any other information concerning your student that we should be aware of _____

Student's Physician _____ Phone _____

Students's Dentist _____ Phone _____

My child has no condition that would prevent him/her from participating in the program or that the program's normal activities would aggravate: Agree (), Disagree () *If child does have a condition, then please explain in detail on an additional sheet of paper.*

Insurance Name _____ Group No. _____

ID No. _____

RELEASE INFORMATION

I give authorization for the following people to pick my child up from CSE's Spirit Day Camp.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Contact _____ Phone _____

In the event that either I or my designee cannot be contacted at the time of a medical emergency, I consent to emergency treatment determined necessary by a qualified physician.

Parent/ Guardian signature _____ Date _____

Authorization and Consent

As parent or legal guardian, I give consent to enroll my child in CSE's Spirit Day Camp. I recognize that my child must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to him/her or others. CSE will do its best to ensure a safe experience, however I understand that accidents do occur. By my signature here I attest that I have read this statement and waive all claims and release the Center for Spiritual Enlightenment and any of its representatives from any and all camp related injuries. My signature gives CSE permission to use all photos and videos taken during Spirit Day Camp for promotional purposes. To opt out of this, I will submit request in writing. I have informed camp staff of my child's medical conditions. All information given is accurate and true to the best of my knowledge.

Parent/ Guardian signature _____ Date _____