Hindu Temple Society450 Albany Shaker Road, Loudonville, NY 12211Chinmaya BalaVihar (Heritage Class) 2017-2018 Registration Form							
Fall Semester: Sep 24, 2017 - Dec 17, 2017; Spring Semester: Jan 7, 2018 - May 20, 2018							
Minimum donation	Minimum donation required per child for the year: \$150						
Student Informat			_				
Child's name: M / F. Age:	Date of Birth:	Alle	rgies: School:				
_							
Child's name:	Date of Birth:	Alle	ergies:				
1017 I , Age I			001001				
Child's name:		Alle	ergies:				
M / F, Age: I	Date of Birth:	Grade:	School:				
Please circle prin	nary contact numb	er and e-mail addres	<u>ss</u> :				
Home address:							
Home Telephone:	· · · · · · · · · · · · · · · · · · ·						
Mothor's Name:							
Mobile number:		E-mail:					
		E-mail:					
	en at home: act Name and Numb	or:					
Linergency Conta		ci					
() I have read the	BalaVihar policies a	and agree to abide by t	hem (please initial)			
() I resolve to brin	g my children to all cla	asses and class activities	s <u>on time</u>				
() I am interested	in joining the Eaceboo	k closed group for Bala	Vibar				
		ik closed group for bala	VIIIAI				
*() I,	, am interested ir	n joining the BalaVihar te	eam in	role.			
Parent's signature	e:	Date:	:				
Donation Paid: \$ Credit Card/ Cash / Check #							
Please bring completed form and check (made payable to "Hindu Temple") to the class. For further information contact: <u>htsbalavihar@gmail.com</u>							
		ihar is run by volunteers. Yo <u>htsbalavihar@gmail.com</u> for		preciated. You can volunteer as			

Waiver and Release Form for BalaVihar

Liability Release and Parental Consent Form

In order for my child to participate in BalaVihar, I hereby waive, release, and discharge any and all claims for damages for personal injury, and property damages or which may hereafter occur to me as a result of participation in said class. This release is intended to discharge in advance the Hindu Temple Society, its officials, officers, employees and volunteers from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child/children (listed below) to participate in BalaVihar, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Hindu Temple Society will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature	Print Name	Date
Child's Name	Age	
Child's Name	Age	
Child's Name	Age	

Waiver and Release Form for BalaVihar

Photo Release Form for Minor Children

I _________hereby authorize the Hindu Temple Society to film, photograph and publish footage taken of the undersigned minor children, and our names for use on the website, social media and print materials. I release the Hindu Temple Society from any expectation of confidentiality for the undersigned minor children and myself attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Hindu Temple Society to use their photographs. I acknowledge that since participation in publications and websites produced by the Hindu Temple Society, is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Hindu Temple Society confers no rights of ownership whatsoever. I release the Hindu Temple Society, its officials, officers, employees and volunteers from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian Signature	Print Name	Date			
Names and Ages of Minor Children					
Name:	Age:	_			
Name:	Age:	_			
Name:	Age:	_			

Emergency Contact & Pick-Up Authorization Form

We require at least two emergency contacts/ adults authorized for pick-up other than the parent/guardian listed on the registration form.

Child Name:					
People AUTHORIZED to pick-up my child:					
1.	Name:	Relationship:			
	Phone:	Cell Phone:			
2.	Name:	Relationship:			
	Phone:	Cell Phone:			