

ॐ Hindu Temple Society

450 Albany Shaker Road, Loudonville, NY 12211

Hindu Temple Youth Camp

Daily 8:30 AM to 4:30 PM, August 14-18, 2017

Note: Children entering kindergarten (and above) in Fall'17 are eligible to participate in the camp.

Participant(s) Information: (One form per family for up to three participants)

Name: _____ Age: _____ T-shirt size: XS / S / M / L (circle one)

Name: _____ Age: _____ T-shirt size: XS / S / M / L (circle one)

Name: _____ Age: _____ T-shirt size: XS / S / M / L (circle one)

Parent Information:

Parent's Name: _____

E-mail: _____

Address: _____

Phone Numbers: Home _____ Work _____ Cell _____

Daytime Emergency Contacts:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Fees Paid: For registration postmarked before July/01/2017, apply \$10 discount per camper.

	Member	Non-Member
1 st Child	\$140	\$150
2 nd Child	\$120	\$130

Total Paid: \$ _____ (PAYMENT IS NON-REFUNDABLE)

Check payable to Hindu Temple Society is enclosed (mark on the left)

I have paid by credit card in person at the temple

Receipt Number is _____

Please mail the form and check to: **Hindu Temple Society of the Capital District**

PO Box 11650 Loudonville, NY 12211 or you can also leave the completed registration form and the check /cash with the Temple Priest.

For camp details or enquiries, please check the website www.hindutemplealbany.org or call:

Madhavi Shah (518) 428-0168

Sanjeevini Kannan (518) 417-9305

Please print and fill in the following page - one for each child!

Page 1 of 2

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Medical /

Health

History for (child's name): _____

Diseases (please mark as appropriate):

Chicken Pox: _____ Mumps: _____ Measles: _____

Whooping Cough: _____ Diabetes: _____ Heart Disease: _____

Allergies (please mark as appropriate):

Insect Bites: _____ Ivy. Oak: _____ Asthma: _____ Hay Fever: _____

Food: _____

Immunization Details (please mark as appropriate):

DPT (primary) _____ Year: _____ MMR (Primary) _____ Year _____

DPT (booster) _____ Year: _____ MMR (booster) _____ Year _____

Tuberculin Test: _____ Year: _____

Is your child on medication? _____ Yes _____ No

If yes, which medication? _____

Permission to give Tylenol/Motrin? _____ Yes _____ No

Medical Insurance Carrier _____

Doctor's Name _____ Phone #: _____

This child is in satisfactory health, and may engage in all physical activities of the camp. In the event of an emergency, where treatment of a doctor is necessary, I hereby give permission for a representative of the Hindu Temple Society to authorize physician and hospital personnel, to perform required medical treatment.

Parent's Signature: _____ **Date:** _____

I give permission to my above named son/daughter to participate in the HTY camp activities. I will be responsible for transporting my child to and from the temple camp site. I hereby release the Hindu Temple Society from any liability for accidents or injuries that my child may incur at the camp. I also understand that the Hindu Temple Society or the camp volunteers will not be responsible for any child before 8:30 am and after 4:30 pm, Aug. 14-18, 2017.

Parent's Signature: _____ Date: _____

Seva volunteer: Yes, I would love to volunteer as marked on the day(s) / time(s) below:

Mon: _____ Tue: _____ Wed: _____ Thu: _____ Fri: _____

8:30 am to 12:30 pm _____ 12:30 to 3:30 pm _____ All Day: _____

Thank you!

Page 2 of 2