



Hindu Temple Society

450 Albany Shaker Road, Loudonville, NY 12211

Chinmaya 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 required per child for the year: \$150

Student Information:

Child's name: _____ Allergies: _____
M / F, Age: _____ Date of Birth: _____ Grade: _____ School: _____

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Child's name: _____ Allergies: _____
M / F, Age: _____ Date of Birth: _____ Grade: _____ School: _____

Please circle primary contact number and e-mail address:

Home address: _____
Home Telephone: _____

Mother's Name: _____
Mobile number: _____ E-mail: _____

Father's Name: _____
Mobile number: _____ E-mail: _____

Languages spoken at home: _____
Emergency Contact Name and Number: _____

I have read the BalaVihar policies and agree to abide by them (_____ - please initial)

I resolve to bring my children to all classes and class activities on time

I am interested in joining the Facebook closed group for Bala Vihar

* I, _____, am interested in joining the BalaVihar team in _____ role.

Parent's signature: _____ 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: htsbalavihar@gmail.com

*Hindu Temple is a non-profit organization. BalaVihar is run by volunteers. Your support is greatly appreciated. You can volunteer as a teacher or administrator or either. Please email htsbalavihar@gmail.com for any questions.

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	

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: _____