

# ॐ Hindu Temple Society

450 Albany Shaker Road, Loudonville, NY 12211

## Cultural Center -Youth Camp

**Daily 8:30 AM to 4:30 PM, August 13-17, 2018**

**Note:** Children entering kindergarten (and above) in Fall'18 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)

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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/15/2018, apply \$10 discount per camper.

1 <sup>st</sup> Child	\$150
2 <sup>nd</sup> Child	\$130
3 <sup>rd</sup> Child	\$100

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 Cultural Center

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](http://www.hindutemplealbany.org) or call:

**Madhavi Shah (518) 428-0168**

**Sanjeevini Kannan (518) 417-9305**

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## Hindu Temple Youth Camp

### 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. 13-17, 2018.

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: \_\_\_\_\_  
8:00 am to 12:30 pm \_\_\_\_\_ 12:30 to 5.00 pm \_\_\_\_\_ All Day: \_\_\_\_\_

**Thank you!**

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