

Buddha Gate Monastery 2010 Bodhi Seed Summer Camp Application Form

Child's First and Last Name

Date of Birth

Age

Grade Entering Fall

Male

Female

Preference: 9:00am to 2:30pm

9:00am to 5:00pm

Home Address

City, Zip Code

Children's t-shirt size (S, M, L, XL)

Mother/Co-Parent/Guardian Information

Mother/Co-Parent/Guardian's Name

Home Address (skip if the same as above)

City, Zip Code

E-mail

Home Phone

Work Phone

Cell Phone

Father/Co-Parent/Guardian Information

Father/Co-Parent/Guardian's Name

Home Address (skip if the same as above)

City, Zip Code

E-mail

Home Phone

Work Phone

Cell Phone

Contributions

Would you like to make a contribution to help with the expenses of the Summer Camp?
Yes No

Amount (Thank you!)

Would you like to help with the summer camp planning and classes? Yes No

If yes, please complete the volunteer form.

Release

I hereby give permission for my child to attend Bodhi Seed Summer Camp. I release Buddha Gate Monastery and its affiliates from all responsibility for any injuries that may occur to my child during the course of the summer program. In addition, I have instructed my child to abide by all rules of good conduct during the program and I understand that failure to follow safety rules will result in my child being sent home at my expense and excluded from further activities.

I hereby grant BGM permission to use any videos or photographs from the event that contain my or my child's image in all of its publications and in any and all other media, whether now known or hereafter existing. I will make no monetary or other claim against BGM for the use of the photograph(s)/video(s).

Parent's/Guardian's Signature

Date

Buddha Gate Monastery 2010 Bodhi Seed Summer Camp Emergency Contact and Medical Information

Emergency Contacts (If you are unavailable, individuals that can pick up and care for your child in the event of an illness or injury.)

Primary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Secondary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone

Medical Information

Hospital/Clinic Preference	City
Physician's Name	Phone Number
Address City, ST ZIP Code	
Insurance Carrier	Policy Number

Individual Needs (attach extra sheet if needed)

Yes No Will your child be bringing any medication to Camp? (include instructions for administration)

Yes No Does your child take regular medication(s)? If so, which ones?

Yes No Is your child allergic to any plants, insects, food, etc.?

Yes No Does your child have any physical limitations/conditions we should be aware of?

Yes No Does your child have learning, attention or behavioral issues that have been identified? (e.g., ADD, ADHD, LD) Please explain.

Please use another sheet of paper to provide any additional information regarding your child which may be helpful in making your child's Camp experience a pleasant one.

Medical Release

I/We, the undersigned, parent(s) or guardian(s) of _____, a minor, do hereby authorize Buddha Gate Monastery as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect for the duration of participation in the Camp.

I agree to be responsible for all medical expenses relating to any injury as a result of my child's participation in any activity, whether or not caused by the negligence of BGM Shifus, staff, volunteers, or other participants.

Parent's/Guardian's Signature	Date
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