



Chinmaya Mission® Washington Regional Center

46 Norwood Road, Silver Spring, MD 20905. Tel: 301-384-5009

Summer Camp 2008

Chinmaya Summer Camp Health and Emergency and Release Form

Student's Name: _____ **Age:** _____ **M/F** _____
(Last Name) (First Name)

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone (H) _____ **E-Mail:** _____

Emergency Contacts (where you can be reached during the camp day):

Father's Name: _____ **Mother's Name:** _____

Telephone (Work) _____ **Telephone (work)** _____

Cell Phone: _____ **Cell Phone:** _____

In the event either parents cannot be reached, the following persons may be contacted:

Name	Relationship	Address	Telephone No's
			Home: Work: Cell:
			Home: Work: Cell:

Primary Care Physician: _____

Telephone: _____

Address: _____ **City:** _____ **State:** _____

Zip: _____

Insurance Company: _____ **Policy#** _____

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Health Information:

List any health/dietary information about your child below:

Health Problem/s, if any: _____

Food and Other Allergies: _____

Other: _____

Provide Doctor's note with complete information on dosage for any medication your child is required to take.

Parent Agreement:

Under ordinary circumstances, every effort will be made to contact the parents in case of illness or emergency. However, some situation dictate that Chinmaya Mission must obtain permission from, or turn the care of my child over to the individual/medical personnel listed above. In the absence of these or any other specific directions, Chinmaya Children's Camp authorities are empowered to use their best judgement in the interest of the health and safety of my child.

I also give permission for my child/children to participate in all camp sponsored field trips and swimming.

RELEASE FORM

Participants and their parents agree to indemnify and hold harmless Chinmaya Mission Washington Regional Center (hereafter mentioned as the Mission) from all claims, damages, liabilities, losses and expenses, including attorney fee, arising out of or in any way resulting from acts or omissions of volunteers and members of Chinmaya Mission Washington Regional Center, its agents, employees, servants or invitees, for the duration of the camp, inside the Mission premises or outside on field trips, which the participant may sustain because of bodily injury, including death, sustained by any person or persons, including loss of use thereof, whether such injuries to persons or damage to property are due, or claimed to be due to any negligence of host, whether active or passive, its or their agents, employees, or other persons. This paragraph includes, but is not limited to defense and indemnity for any claim, suit, complaint or cross-complaint which may be brought against the Mission by any person or organization in conjunction with this agreement, regardless or whether the Mission is negligent actively, passively, or at all.

Parent's Signature: _____

Printed Name: _____