

Summer 2009 Dharma Camp Application

Child's Name	
Birthday/Age	
Hobbies & Interests	
Allergies	

Parent(s) Name	
Phone	
Address	
Email	
Emergency Contact	Name: _____ Phone: _____
What are your expectations for this camp?	

Consent for Emergency Medical Care

I, _____, hereby permit the camp staff to seek emergency medical assistance for my child (children) and provide basic medical care, in such cases as deemed necessary by the staff.

Parent Signature

Date

Consent for Photography and Video

Thank you for joining us for the Children's dharma camp at the Won-Buddhism Meditation Temple. With your permission, we would like to photograph some of the children's activities during the 2008 dharma camp. We would also like to use this material for Temple promotions, outreach, and fund raising for future children programs. Thank you.

Parent Signature

Date