

### Summer 2010 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 the dharma camp at the *Won*-Buddhism Meditation Temple. With your permission, we would like to photograph or video camp activities that may include your child. We would also like to use this material for Temple promotions, outreach, and future children/teen programs. Thank you.

\_\_\_\_\_  
Parent Signature

Date

Would you like to receive e-mails to be updated on Temple programs and the Teen/children camp?

Yes\_\_\_\_ / No\_\_\_\_