

**OREGON BUDDHIST TEMPLE  
DHARMA SCHOOL REGISTRATION  
AND  
RELEASE FORM  
(July 2008 version)**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other)

Email address: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
Name Relationship

Emergency contact phone number (if different from above): \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Allergies/medical concerns: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
Parent name Youth name

Do give my permission for my son / daughter to participate in Dharma School activities  
for the 2008/2009 year, and authorize any medical attention required in an emergency.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

