

**OREGON BUDDHIST TEMPLE  
DHARMA SCHOOL REGISTRATION  
& RELEASE FORM  
(for 2010-2011 year)**

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 conditions: \_\_\_\_\_

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 2010/2011 year, and authorize any medical attention required in an emergency.



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

\_\_\_\_\_  
Date

**I can help in the following areas:**

Substitute Teacher \_\_\_ Classroom helper \_\_\_ Driver for activities \_\_\_ Provide snacks for events \_\_\_

Lead special activity \_\_\_ My area of expertise \_\_\_\_\_

Chair Fund Raiser: Spaghetti Bingo \_\_\_ Rummage Sale \_\_\_ Sukiyaki Bazaar Snackbar \_\_\_

Spring Bazaar Snackbar \_\_\_ Other (please specify) \_\_\_\_\_