

OREGON BUDDHIST TEMPLE
Be Yourself Buddhism – 2009 Summer Day Camp
PERMISSION AND RELEASE FORM

Name: _____ Grade: _____ Birthdate: _____

Address: _____
City State Zip

Phone number: _____ (home) _____ (cell) _____ (other)

Email Address: _____

Person(s) authorized to pickup student: _____

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 the Be Yourself Buddhism Summer Day Camp at the Oregon Buddhist Temple August 11 – 14, 2009, and authorize any medical attention required in an emergency.



Parent signature

Date

REGISTRATION DEADLINE: AUGUST 1, 2009