

# Pittsburgh Buddhist Center

## Buddhist Camp Parental Registration/Consent Form & Indemnity Agreement

Camper/Participant name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_  
Home address \_\_\_\_\_  
Cell phone \_\_\_\_\_ work phone \_\_\_\_\_  
Email address \_\_\_\_\_

I, \_\_\_\_\_ grant permission for \_\_\_\_\_  
\_\_\_\_\_ to participate in the Pittsburgh Buddhist Center  
Buddhist Camp and I warrant that my child is in good health. I further indemnify the  
Pittsburgh Buddhist Center, its representatives and volunteers, from any liability, claims  
or lawsuits brought against them, by myself, my child or others that arise at the event  
described above.

### EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, if you are unable to contact me at the above numbers,  
contact: \_\_\_\_\_

Cell number: \_\_\_\_\_ Work number: \_\_\_\_\_

### ADDITIONAL MEDICAL INFORMATION:

Medication my child is taking at present \_\_\_\_\_

Allergies my child may have \_\_\_\_\_

Family Health Plan Number \_\_\_\_\_ Group # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As parent or guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date