

Buddha Gate Monastery 2025 Bodhi-Seed Summer Camp Application Form

Child's First and Last Name			
Date of Birth : ____(d) / ____ (m) / ____ (y)	Age : ____ Grade Entering Fall : ____	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> 1 st Session: July 19 th -20 th , 8:30am to 3:00pm <input type="checkbox"/> 2 nd Session: July 26 th -27 th , 8:30am to 3:00pm
Home Address			
City, Zip Code			
Mother/Co-Parent/Guardian Information			
Mother/Co-Parent/Guardian's Name			
Home Address (skip if the same as above)			
City, Zip Code		E-mail	
Home Phone	Work Phone	Cell Phone	
Father/Co-Parent/Guardian Information			
Father/Co-Parent/Guardian's Name			
Home Address (skip if the same as above)			
City, Zip Code		E-mail	
Home Phone	Work Phone	Cell Phone	
Contributions			
Would you like to make a contribution to help with the expenses of the Summer Camp? By Cash <input type="checkbox"/> Check <input type="checkbox"/> Zelle <input type="checkbox"/>			
Would you like to help with the summer camp planning and classes before camp starts in July? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please complete the volunteer form on page 4.			
Medical Release			
<p>I/We, the undersigned, parent(s) or guardian(s) of the child, a minor, do hereby authorize any adult representative of Buddha Gate Monastery including clergy, staff, and volunteers as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect for the duration of participation in the Summer Camp.</p>			
Parent's/Guardian's Signature			Date

Buddha Gate Monastery 2025 Bodhi-Seed Summer Camp Emergency Contact and Medical Information

Emergency Contacts (If you are unavailable, individuals that can pick up and care for your child in the event of an illness or injury.)

Primary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Secondary Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone

Medical Information

Hospital/Clinic Preference	City
Physician's Name	Phone Number
Address	City, ST ZIP Code
Insurance Carrier	Policy Number

Individual Needs (attach extra sheet if needed)

- Yes No Will your child be bringing any medication to Camp? (include instructions for administration)
- Yes No Does your child take regular medication(s)? If so, which ones?
- Yes No Is your child allergic to any plants, insects, food, etc.? If so, what are they?
- Yes No Does your child have any physical limitations/conditions we should be aware of? Please explain.
- Yes No Does your child have learning, attention or behavioral issues that have been identified? (e.g., ADD, ADHD, LD) Please explain.

Please use another sheet of paper to provide any additional information regarding your child which may be helpful in making your child's Camp experience a pleasant one.

Conditions of Participation, Release, Waiver, and Indemnity

Acknowledgement of Conditions of Participation

1. I/we agree to cooperate and comply with reasonable directions and instructions from Buddha Gate Monastery (BGM) Shifus or adult volunteer leaders while participating in the Bodhi-seed Summer Camp Activities at BGM.
2. I/we agree to be responsible for all medical expenses relating to injury as a result of my/our participation in any activity, whether or not caused by the negligence of BGM Shifus, volunteers, or other participants.
3. I understand that competing in athletic and recreational programs risks injury to the body, psyche or property damage to myself, my child, and others. Such injuries can be caused by teammates, other persons or accidentally or intentionally self-inflicted, faulty equipment or facilities, conditions of recreational facilities or BGM where activities are held, or through the activity itself. Protective equipment used in an activity is not a safeguard against injury.

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to participate in the Bodhi-seed Summer Camp activities of Buddha Gate Monastery, use the equipment provided, and to enter the premises or facilities of BGM for any purpose including observation and participation in activities, I agree on behalf of myself and my child:

1. To release, waive, discharge and promise not to sue BGM and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property whether caused by negligence or other conduct by the Releasees while participating in BGM Bodhi-seed Summer Camp activities or in, upon or about the premises of BGM or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to my/our presence in, upon, or about the premises of BGM, its facilities or equipment, or while participating in any BGM Bodhi-seed Summer Camp activities whether caused by the negligence of Releasees or otherwise.
3. To give BGM permission to use any videos or photographs from the event that contain my or my child's image in all of its publications and in any and all other media, whether now known or hereafter existing. I will make no monetary or other claim against BGM for the use of the photograph(s)/video(s).

I have read, understand, and voluntarily sign this BGM Bodhi-Seed Summer Camp form and attest that no oral representations, statements or inducements have been made apart from those made in this document. Having read this document in full I understand and agree to everything written above.

Parent's/Guardian's Signature	Date
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