



**Temple of Compassion, Burton TX – Girls’ Summer Camp  
Sunday, 8 July 2018 to Friday, 13 July 2018  
“The Art of Being You” Registration Form**

**MOMS ALSO WELCOME!**

The 5-day summer camp will begin on Sunday, July 8 at 4:00 PM and conclude on Friday, July 13 at 2:00PM. Participation is available for girls ages 9-15. Participants do **not** have to be initiated into Kriya Yoga. Please send the form and check to: **Kriya Yoga Institute, ToC Summer Camp Registration, PO Box 924615, Homestead, FL 33092-4615.**

**Moms/caretakers are welcome to join their daughters at the ashram!**

Please fill out the registration form below and return the entire page with your payment.

**Child**

Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone (if relevant): \_\_\_\_\_/\_\_\_\_\_

**Parent/Guardian – Contact Information**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent’s Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_/\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_/\_\_\_\_\_

Is there any particular skill or interest that you would like to share with the group during your time at the Temple of Compassion:

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We will provide group transportation to and from the ashram for guests flying in from out of town. **For those interested, a group flight will be arranged so that all girls from a city can travel together along with an adult passenger.**

Please check the appropriate box:

- I am considering dropping off and picking up my child myself.
- I would like to join my daughter at the ashram.
- I would like to learn more about **group travel** information to and from the ashram.

If you plan to join your daughter at the ashram please write your name below:

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Please list any medical conditions we should be aware of: \_\_\_\_\_

Please list any allergies we should be aware of: \_\_\_\_\_

Does your child require a special diet?: \_\_\_\_\_

Is there anything else you would like us to keep in mind?:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

**Registration:** Please send check or money order made out to Kriya Yoga Institute with the memo: ToC Summer Camp.

- Fee per girl is \$325.
- Fee includes meals, accommodation, and program.
- \$50 non-refundable deposit.

*By signing below I agree that I will abide by the code of conduct of Kriya Yoga Institute and will not hold Kriya Yoga Institute, liable for any injuries, illness, or losses that may occur during my attendance, or use of the Kriya Yoga Institute facilities.*

*I agree that Kriya Yoga Institute and its agents, staff, employees, and instructors shall not be liable for any injuries or any damages to any registrant or guest, or be the subject to any claim, demand, injury or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of Kriya Yoga Institute, its officers, staff, employees or agents. Registrant does hereby expressly forever release and discharge Kriya Yoga Institute from all such claims, demands, injuries, damages, actions or causes of action whatsoever. Registrant acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.*

*Registrant will at all times indemnify and hold harmless Kriya Yoga Institute, its agents and licensees from and against any and all claims, damages, liabilities, costs and expenses, including but not limited to reasonable legal expenses arising out of my attendance, or use of the Kriya Yoga Institute facilities.*

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_