



“The Art of Being You” Summer Camp Registration Form Temple of Compassion, Burton TX

The 5-day summer camp will begin with check in at 2:00PM and conclude after lunch on the last day. Please see the age eligibility below. Participants do **not** have to be initiated into Kriya Yoga. The fee per child is \$325.

Please fill out the registration form below and send it along with payment to: **Temple of Compassion, 12200 FM 389 RD, Burton, TX, 77835.** If you prefer to fill out an electronic version of this form please go to: <https://goo.gl/forms/IRbFa6oL3Qiu5Low1>

Select which of the three camps you are applying for:

- Boys** Summer Camp (ages 13-16) from Saturday, June 22 to Thursday, June 27 2019
- Girls Summer Camp (**ages 9-12**) from Sunday, June 30 to Friday, July 5 2019
- Girls Summer Camp (**ages 13-16**) from Sunday, July 7 to Friday, July 12 2019

Child

Name: _____
Gender: _____ Birthday: ____/____/____ Age: _____ t- shirt size: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone (if relevant): _____/_____

Parent/Guardian #1 – Contact Information

Name: _____ Relation to Child: _____
Parent’s Email Address: _____ Telephone: _____/_____

Parent/Guardian #2 – Contact Information

Name: _____ Relation to Child: _____
Parent’s Email Address: _____ Telephone: _____/_____

Emergency Contact Information

Name: _____
Email Address: _____ Telephone: _____/_____

What particular skills or interests would you like to share with the group during your time at the Temple of Compassion:



Parents can drop off and pick up their children directly from the ashram. **As an alternative**, for those interested, a **group flight** will be arranged so that children from a city can travel together along with an adult passenger. Once registration begins we will send out more details regarding flights. We will also address transportation to and from the ashram at a later time.

Please check the appropriate box:

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

We are excited to announce that there will be a **parallel program** for mothers wishing to stay at the ashram for the duration of the camp. Activities and lodging for the children will be separate.

Please do not hesitate to contact us at **templeofcompassion@kriya.org** with any questions or concerns that you may have about the camp itself, about transportation, about the activities, about the food, or anything else that comes to mind. We are here to help!

Please list any medical conditions that the child has: _____

Please list any allergies that the child has: _____

If your child has any dietary restrictions, please explain: _____

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 _____

Please send the registration form and payment to: **Temple of Compassion, 12200 FM 389 RD, Burton, TX, 77835**. Checks should be made out to **Temple of Compassion** with the memo: **Summer Camp**.

- The fee per child 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 (Temple of Compassion) and will not hold Kriya Yoga Institute (Temple of Compassion), liable for any injuries, illness, or losses that may occur during my attendance, or use of the Kriya Yoga Institute (Temple of Compassion) facilities.

I agree that Kriya Yoga Institute (Temple of Compassion) 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 (Temple of Compassion), its officers, staff, employees or agents. Registrant does hereby expressly forever release and discharge Kriya Yoga Institute (Temple of Compassion) 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 (Temple of Compassion), 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 (Temple of Compassion) facilities.

Guardian's Signature: _____ Date: _____

Print Name of Parent/Guardian: _____