

**Hindu Samaj Mandir**  
**Community Center Youth Club**

ccyouthclub@hindusamajmandir.org

**Registration/Membership Form** (September to August)

Each child participating in the Community Center Youth Club must fill out this form and submit it with full payment

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Age/Grade:** \_\_\_\_\_

**2<sup>nd</sup> Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Age/Grade:** \_\_\_\_\_

**3<sup>rd</sup> Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Age/Grade:** \_\_\_\_\_

1<sup>st</sup> enrollment - \$50.00: (     )    2<sup>nd</sup> enrollment - \$40: (     )    3<sup>rd</sup> enrollment - \$30: (     ) pl.check

**(Checks made payable to Hindu Samaj Inc., no cash, there will be no refund) Total Enclosed: \$ \_\_\_\_\_**

**Please list any allergies, medication, health problems below:**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

**Emergency Information**

**Parent Name** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Email Address (all correspondence done through email)** \_\_\_\_\_

**Medical/Liability Waiver**

My child/children has/have my permission to participate in the Hindu Samaj Youth Club. In the event of any injury, accident or other medical emergency while my child/children is participating in a youth group activity, I grant Hindu Samaj Inc., and its representatives authorization to obtain any and all necessary medical treatment for my child/children and to release the medical information on this form to health care providers.

I hereby assume all risks, liabilities and consequences arising from and/or related to my child/children's participation in the Hindu Samaj Youth Club activities including on field trips. I further release, discharge indemnify and hold harmless Hindu Samaj Inc, its Board Members, Trustees and representatives from any and all claims, suits, liabilities and damages directly or indirectly arising from and/or related to my child's/children's participation in an activity or program organized by the Hindu Samaj Youth Club.

My signature below constitutes my agreement to the terms of the Medical/Liability Waiver and the sharing of medical/allergy/confidential information listed on this form with all Hindu Samaj Youth Club representatives involved in the Youth Group program.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_