



**Guru Nanak Darbar Annual Gurdwara Camp**  
**July 19<sup>th</sup> – July 22<sup>nd</sup>**  
 REGISTRATION FORM 2017

**CAMP INFORMATION:**

**Camp:** Guru Nanak Darbar Annual Gurdwara Camp. July 19<sup>th</sup> – July 22<sup>nd</sup>. **Time:** 9AM to 4:30PM, Drop off 8:30 to 9, pick up 4:30 to 5Pm

**Camp's Mission:** To create a focused learning and respectful environment to teach Sikh principles and Sikh way of living to the camp participants through personalized attention, with emphasis on enhancing each child's knowledge and outlook.

**Age Limit and Fees:** 5 – 18 yrs. Below 5yrs accepted, if accompanied by an adult. **NO FEES**

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: M , F Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: Youth or Adult; S , M , L , XL

Allergies: \_\_\_\_\_ Food restrictions: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent Names: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(address) (city) (state) (zip)

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ [primary] (\_\_\_\_) \_\_\_\_ - \_\_\_\_ [secondary]

I would like to volunteer to (teach, sponsor activity, sponsor camp T-shirts, sponsor meal, etc.):

\_\_\_\_\_

**MEDICAL INFORMATION:**

Health Insurance Company Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Current Prescription Medications: \_\_\_\_\_ Emergency contact (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**General Information**

Any Comments: \_\_\_\_\_

**Parent Consent to activities** (circle activities parent is allowing for child named above to participate):

Instrument, Yoga/Marshal arts, Gatka, Outdoor Sports, Talent Show, Kitchen Sewa, Outdoor Trip, Photo,

**CONSENT INFORMATION:**

By signing this camp registration form, I give my consent to the camp authorities to administer first-aid or emergency medical care that may become necessary for the participant. I authorize the photos and videos of the participant to be used on the Gurdwara website and Gurdwara administered social media sites. I authorize the camp authorities to transport the participant for any off-site activities. I am giving my consent for my child to participate in above circled activities at the camp. I agree to hold Guru Nanak Darbar Of Albany and the camp organizers entirely free from any liability, including financial responsibility for injuries incurred, regardless of the cause of such injuries.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Contact:** Gurinder Kaur (518) 703-5883 or Maninder Kalra (518) 495-6661 for registration