

Pacific Meditation Center: Bala Vihar Program

Child's Information

Full Name: _____ Date of Birth: _____
Last First M.I. (mm/dd/year)

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Grade: _____ Name of child's school: _____ Gender: Female Male

Languages spoken: _____ List allergies or illnesses: _____

How did you hear about Pacific Meditation Center's Bala Vihar? _____

Mother/Guardian Information

Full Name: _____ Birthday _____
Last First M.I. (month/day)

Address (if different than child's): _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () Cell Phone: ()

Email addresses: _____

Relationship to Child: _____ Would you like to join our electronic mailing list? YES NO

Father/Guardian Information

Full Name: _____ Birthday _____
Last First M.I. (month/day)

Address (if different than child's): _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () Cell Phone: ()

Email addresses: _____

Relationship to Child: _____ Would you like to join our electronic mailing list? YES NO

Emergency Contact Information

1. Name: _____ Relationship to Child: _____
 Home Phone: () Cell Phone: ()

2. Name: _____ Relationship to Child: _____
 Home Phone: () Cell Phone: ()

Pacific Meditation Center: Bala Vihar Program Authorizations

Child's Information

Full Name: _____ Date of Birth: _____
Last First M.I. (mm/dd/year)

Information for You and Your Child

I have conveyed the following information to my child: Asana (yoga postures) means posture easily held. If it's too hard or it hurts you can stop! You may rest at any time during the class. I, the undersigned parent or guardian, understand that Yoga and other Bala Vihar Activities are not a substitute for medical attention, examination, diagnosis or treatment.

Parent Initials: _____ Date: _____

Photo/Video Release Statement

The Pacific Meditation Center (PMC)/SYA has my authorization to photograph or video my child participating in PMC/SYA programs and activities and to use these pictures in fliers, brochures, websites, or other PMC/SYA promotional material.

Parent Initials: _____ Date: _____

Liability Indemnification Authorization

I hereby grant permission for my child to participate in the Pacific Meditation Center (PMC)/SYA Bala Vihar program. I agree to indemnify and hold harmless the Pacific Meditation Center/SYA and their agents, employees, volunteers, officers, hosting facility, and any co-sponsors of the Pacific Meditation Center (PMC)/SYA programs from any and all injury, cost or expense, including reasonable attorney's fees incurred as a result of my child's participation in the Pacific Meditation Center (PMC)/SYA Bala Vihar program.

Parent Initials: _____ Date: _____

Signature & Printed Name of Parent or Guardian: _____ Date: _____