



# The Sikh Gurmat Camp



(July 13 to July 19, 2008)

## **REGISTRATION AND PARENTAL CONSENT FORM**

(PARENTS MUST SIGN THIS FORM AFTER FILLING IN ALL THE BLANKS)

**Donation: US \$225/Youth**

**Mail to 6863 Cloister Road, Toledo, Ohio 43617, USA**

**Deadline: May 27, 2008**

### For office use only

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

This is to certify that my son/daughter named below is attending the Sikh Gurmat Camp at the Cuyahoga Environmental Education Center located at 3675 Oak Hill Road, Peninsula, Ohio 44264 with my consent. His/Her health history and other relevant information are given below:

**NAME:** \_\_\_\_\_ **SINGH (Male) or KAUR (Female)** **E Mail:** \_\_\_\_\_  
(PLEASE PRINT FIRST NAME) (PLEASE CIRCLE ONE)

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **ALLERGIES:** \_\_\_\_\_  
MONTH DAY YEAR

**CURRENT PRESCRIPTION DRUGS/MEDICATION:** \_\_\_\_\_  
NAME OF MEDICATION OR DRUGS

**IMMUNIZATIONS FOR:** **Diphtheria:** \_\_\_\_\_ **Polio:** \_\_\_\_\_ **Tetanus:** \_\_\_\_\_  
DATE DATE DATE

**PHYSICAL LIMITATIONS:** \_\_\_\_\_

**SPECIAL HEALTH CONSIDERATIONS IF ANY:** \_\_\_\_\_

**FATHER'S OR MOTHER'S NAME:** \_\_\_\_\_  
FULL NAME

**ADDRESS:** \_\_\_\_\_  
STREET NAME CITY STATE ZIP

**PARENT'S PHONES: HOME:** ( ) \_\_\_\_\_ **WORK :** ( ) \_\_\_\_\_  
AREA CODE TELEPHONE NUMBER AREA CODE TELEPHONE NUMBER

**EMPLOYER'S NAME:** \_\_\_\_\_

### **NAMES OF PERSONS OTHER THAN PARENT TO WHOM YOUTH MAY BE RELEASED**

1: \_\_\_\_\_ 2: \_\_\_\_\_

I hereby authorize the Sikh Gurmat Camp authorities to consent to emergency medical or surgical treatment of the youth and to routine (non-surgical) medical care, if required. The health insurance information is provided below:

**NAME OF THE HEALTH INSURANCE:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**ADDRESS OF INSURANCE:** \_\_\_\_\_

I HAVE ENCLOSED CHECK #: \_\_\_\_\_ FOR \$ \_\_\_\_\_ PAYABLE TO SIKH YOUTH FEDERATION TO COVER MY REGISTRATION.  
\$225/Youth

**DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT:** \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS ON BACK PAGE**

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## QUESTIONNAIRE

### **KIRTAN:**

1. Do you know keertan? \_\_\_\_\_
2. From whom did you learn keertan? \_\_\_\_\_
3. Have you learned keertan in ragas? \_\_\_\_\_
4. How many different ragas can you sing? \_\_\_\_\_
5. How many shabads can you recite? \_\_\_\_\_

### **PUNJABI:**

1. Do you know the alphabets? \_\_\_\_\_ If not all, how many? \_\_\_\_\_
2. Can you write simple words? \_\_\_\_\_
3. Can you make short sentences? \_\_\_\_\_
4. Can you make long sentences? \_\_\_\_\_
5. Can you write a short essay in Punjabi? \_\_\_\_\_
6. Can you write a read Punjabi? \_\_\_\_\_
7. Can you converse in Punjabi? \_\_\_\_\_

### **SPORTS:**

Which sports would you like to participate in during free time? (Maximum of 2)

- Basketball     Volleyball     Soccer     Football

### **CAMP T-SHIRTS:**

Camp t-shirts will be given to you on the first day of the camp at the registration desk. Place a check mark in the appropriate box indicating the size of your shirt:

Child S M L or Adult XS S M L XL XXL

### **DORM ALLOCATION:**

We will allocate an area that is best suited for you. A supervisor and a counselor will be assigned to assist you in the proper performance of your duties at the camp. You may be allowed to have one of your fellow-campers sleep in the same area of your cabin, if you give his/her name below:

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NAME OF THE YOUTH

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COMPLETE ADDRESS

**Note: Parents are not permitted to sleep in the same sleeping area as their children unless the child is under the age of nine or younger. They also may not visit the sleeping area of their children to tuck them in at night, as these duties are already assigned to the area supervisors and counselors.**

**USE ONE FORM PER YOUTH**  
(You may make copies of this form, if you so desire)