

Inner Light Of Mine

Yoga and Mindfulness Summer Camp Registration 2014

Please complete one registration per camper. Mail to: Inner Light of Mine, P.O. Box 174, Congers, N.Y. 10920 Camper Name: Age: DOB: M/F Parent(s)/Guardian(s):_____ Address: Mom's Cell: Mom's Email: Dad's Cell:______Dad's Email:_____ **Emergency Contact Information:** Name: Relation to child: Phone Number: **Medical Information:** Camper's Physician: Phone: Does the camper have any medical problems we should know about? Does the camper have any known allergies: Does the camper presently take medications? If so, what?_____

Camper Information:

Has your child ever practiced yoga before?
Has your child been to a camp before?
Camper's hobbies & interests:
Camper's fears or concerns:
In a few words describe your child:
Camper's physical limitations:
Any other concerns or issues?
Camp Program:
Please circle the session and type of program
Session 1 : July 21st-August 1st - Registration DEADLINE: June 27th 2014
Session 2: August 18 th - August 29 th - Registration DEADLINE: July 25 th 2014
Yoga Adventurers (5-7yrs) 9:30am - 12:30pm Yoga Explores (8-10 yrs) 9:30am - 12:30pm Yoga Lotus (11-13 yrs) 1pm - 4pm
Payment:
Please make all checks payable to: Valerie Vendrame and mail to: P.O. Box 174, Congers, NY 10920.
Included is a \$120 deposit. I will pay the balance of \$255 on the first day of camp.
Included is a check for full camp payment - \$375.
I am in financial need and would like to discuss partial scholarship options.

Camp Location:

Because camp will be held at a residential facility the location will remain disclosed until registration is received. The residential yoga studio is located in Congers, a short walk from Congers Park on Gilcrest and Rt 303. Camp time will be divided between the studio and outdoors – gated backyard and Congers Park.

Parental Consent & Liability Waiver

While this form may seem imposing, the purpose is to outline responsibilities and potential risks before you agree to participate. Safety is our first concern and every activity is monitored to maintain our high standards. Inner Light of Mine camp Staff are mature professionals with prior experience working with youth. We believe the risks to be minimal, however:

I am aware that participation in a yoga camp exposes my child to the risks of injury associated with physical activity.

Participation in Inner Light of Mine Camp isn't mandatory. I (my child) have freely chosen to participate.

I acknowledge that any time my child has the right not to participate in or discontinue participation in an activity with which he/she is not comfortable.

I understand that Inner Light of Mine Camp will make every effort to contact me in case of an emergency pertaining to my child.

If I am unable to be reached, Inner Light of Mine Camp will try to contact an alternate adult as listed above. Inner Light of Mine Camp has my permission to secure medical attention for my child in the event of an emergency. I understand that I am responsible for any costs involved should my child become injured.

I give permission for the use of photographs/video of my child by Inner Light of Mine Camp for promotional purposes.

I have received, read and understand the parent information distributed, including the policies of the camp in which my child is enrolled. I also agree and understand the policies on registration and payments for services as presented to me.

I have and do hereby release and forever discharge Inner Light of Mine, its employees, the site where the camp is taking place as well as their agents, employees and director from any and all liability, actions, causes of action, claims and demands of any nature whatsoever which we now or may have as a result of our participation in this program.

I agree to indemnify and hold harmless Inner Light of Mine from any and all damages, loss or liability occurring by reason of any injury to my child named herein or their property caused by acts of omission, neglect or wrong doing by Inner Light of Mine, myself or my child which may arise out of participation in this program.

Parent signature:	Date:

I hereby assume all risk of injury associated with this program.

Parent Name: