

Samadhi Buddhist Foundation

Student Registration & Emergency Contact Information						
Child's Name:					M	F
				Date of Birth	Sex	
Parent's/Guardian's Name 1			Parent's/Guardian's Name 2			
Home Phone		Cell Phone				
Address:			Address:			
City/State/Zip:			City/State/Zip:			
Email Address			Email Address			
Alternative Emergency Contacts						
Primary Emergency Contact			Secondary Emergency Contact			
Home Phone		Cell Phone				
Address:			Address:			
City/State/Zip:			City/State/Zip:			
Basic Medical Information						
Allergies/Special Health Considerations						
Physician's Name:				Phone #:		

The above information is only used for student registration and in case of an emergency.

Consent for Use and Disclosure of photographs/Video Authorization and Release	
<p>I/We, the undersigned, authorize Samadhi Buddhist Foundation (SBF) and/or parties designated by SBF to take photograph(s), videotape/digitally record, of my child participating in SBF's activities & events and consent to the use of any of these in any and all media for promotional purposes including, but not limited to, audiovisual; editorial; exhibition; posters; publications and SBF website.</p> <p>I/We understand and agree that I will not receive any payment for his or her time or expenses or any royalty for the publication of the photograph(s), videotape/digital recording(s) and I hereby release SBF and/or any parties designated by SBF, from the payment of any such claims.</p> <p>I/We understand that photographs and/or videos may be downloaded, used, reproduced, and/or altered without consent of SBF by unknown third parties from the SBF website, and that this is beyond SBF's control. I hereby release SBF of any and all liability arising from such downloading, use, reproduction, or alteration.</p>	
Parent's/Guardian's Signature	Date