

Vadtal Dham Shibir 2011 Registration Form
July 27, 2011 - July 30, 2011

Please fill in the form below and mail or fax both pages to us at the address below. If you have any comments and/or instructions, please attach an additional sheet.

INFORMATION (Please Print)

First Name: _____ M.I. _____ Last Name: _____

Parent First Name: _____ Last Name _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell #: _____ Other #: _____

Email (if Applicable) : _____

| CONTACT INFO |

HEALTH INFORMATION

Allergies: _____

Medications: _____ Frequency: _____

Special Dietary Needs: _____

Medical Insurance: Yes No Carrier: _____ Group ID#: _____

Any Other Concerns: _____

Mrugesh Patel
(201) 993-2630
mrugeshp22@gmail.com

Pratik M. Patel
(978) 703-3186
Pratii23@gmail.com

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)

Name: _____

Relation: _____

Phone: _____

PERMISSION, EMERGENCY, LIABILITY, AND PUBLICITY RELEASE

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment as deemed necessary by Shibir Management or an attending physician. I voluntarily waive any claim against Vadtal Dham NJ, Shibir personnel, or other person(s) caring for or transporting my child against all liability, claims, damages, attorney fees, and expenses arising out of or in connection with the activities of Shibir 2011. I agree to notify the Camp of any changes prior to the start of Camp Session. I give permission for Vadtal Dham NJ to use any photo, video or interview of my family taken at Shibir to be used to illustrate, report, promote, or advertise Shibir or Vadtal Dham NJ.

Parent/Guardian Signature: _____ Date: _____

Shree Swaminarayan Satsang Mandal (Vadtal Dham, NJ)