

# ARYA SPIRITUAL CENTER

## ARYA VIR DAL CAMP APPLICATION 2006

Name: \_\_\_\_\_ Age as of Camp \_\_\_\_\_ Grade as of Camp \_\_\_\_\_  Boy  Girl  
Address \_\_\_\_\_ Apt # \_\_\_\_\_  I have previously attended camp  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ How did you hear about camp? \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Donation/Tuition:** \$200. per Full Session 1, for Members. \$450 per Full Session for Non-Members.  
\$150. per Full Session 2.

Total due with application.

Select enrollment for each week you wish to attend Camp:  July 05-16  July 17- 30th

**Camp Location:** Session 1 - July 5<sup>th</sup> to 16<sup>th</sup>, 2006, at Arya Spiritual Center and New Hampshire  
(Arya Virdal Youth Camp)  
Session 2 – July 17 to 30<sup>th</sup>, at Arya Spritual Center  
(Music and Hindi Day Camp)

**Mail Application to:**

Arya Spiritual Center  
85-61 144<sup>th</sup> Street  
Briarwood, N.Y. 11435

**Info: Email [Jaidavi@yahoo.com](mailto:Jaidavi@yahoo.com) or Phone 607-427-3662 or Bahen Sati (718) 380-1165**

Release and Consent Agreement:

I hereby release and discharge Arya Spiritual Center Vir Dal Camp (the "Camp"), the Mandir and affiliated entities, and their respective officers, servants, agents, or employees (hereinafter referred to as the "Releasees") from any and all liability whatsoever arising out of or in connection with my child's participation in the Camp. I further hereby agree and hold harmless the Releasees from any loss, liability, damage or costs, including our costs and attorneys' fees that may be caused by my child's participation, including traveling to/from the Camp or participating in the Camp in, on, upon, or near the premises where the Camp is being conducted, whether caused by negligence of the Releasees or otherwise.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I do hereby give authority to Arya Spiritual Center Vir Dal Camp to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_