

ੴ ਸਤਿਗੁਰਪ੍ਰਸਾਦਿ

The Way to Establish Permanent Peace

REGISTRATION FORM for Akal International Youth Camp, Akal Academy, Baru Sahib

It is important that you PRINT CLEARLY and fill the form COMPLETELY

Name of Parent or Guardian _____

Address _____ City & State _____ Zip: _____

Telephone (Residence) _____ (Business) _____ E mail: _____

Emergency Contact Information (Name and Telephone Number) _____

Legal Full Name of Child	Sex (M/F)	Date of Birth	Current Grade Level	Is your child currently under treatment for a medical condition?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Enclosed please find check number: _____ for \$ _____ to

cover _____ registrations.
Payable to The Kalgidhar Trust

Number of youth

We authorize The Kalgidhar Trust to provide any medical or surgical treatment required during the camp. Kalgidhar Trust will not be held responsible for any accident or untoward incident during the camp.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

NOTE: We do not encourage young children with medical problems/conditions to attend the camp unless they are fully responsible with and trained in the use of their medical equipment and medication.

Mail this form with the fee to: Jagreet S Gill, 8184 Rainwater Cir., Manassas, VA, 20111, USA