

Self-Realization Fellowship
2009 "HOW-TO-LIVE" YOUTH PROGRAM APPLICATION
Based on the teachings of Paramahansa Yogananda



Please note that the information provided in this application may be shared with SRF monastics, employees who process Youth Program registrations, and volunteer staff who work directly with the children at camp.

I wish to apply for my child to attend:

- Boys' Program, ages 10-16, June 20 – June 27, 2009
- Girls' Program, ages 10-16, June 27 – July 4, 2009

Name of applicant: _____ Home Phone: _____

Nickname/Name applicant goes by: _____ Applicant's Email address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Child resides with: Mother Father Both Parents Other: _____

Birth date: _____ Age at Camp _____ Grade in school as of Fall 2009: _____

Please indicate your child's swimming ability: Good Fair Poor

Your child will receive a free camp T-shirt. **Please choose a size** (adult sizes): S M L XL

My child will be: Driven Flying OR
taking the bus from: Lake Shrine Temple Hollywood Temple (see "Transportation Information" insert)

Parent or Guardian: Mother _____ E-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Parent or Guardian: Father _____ E-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

How did you learn about the SRF "How-to-Live" Youth Program? _____

Has your child attended SRF Sunday School? If yes, at which temple or center, at what ages and how often?

Is your child familiar with the Energization Exercises? Yes No

If not, please review the principles and practices of the Exercises with your child prior to his or her attendance, since there is a group practice of the Energization Exercises twice a day.

If your child has never attended Sunday School please describe his or her experience with the SRF teachings.

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(To be completed by child only)

Have you ever been to the SRF Youth Program before? Yes No

Please tell us why you wish to come to the Youth Program. What do you expect to gain from it?

What is important to you in your life?

What challenges are you facing in your life?

Do you know how to meditate? Yes No How often do you meditate? _____

Are you familiar with the SRF Energization Exercises? Yes No How often do you practice them? _____

Tell in your own words how the Energization Exercises help us.

Tell in your own words why we meditate and what it means to have a guru.

Is there something you would like to speak with a monk or nun? Yes No

We hope that you and everyone who wishes to attend the Youth Program this summer will be able to do so. However, as we have a limited amount of space, we would like to know how much you want to attend. Please check one:

- I very much want to attend and will be disappointed if not able to do so.
- I would like to attend.
- I would not mind if I do not attend this year.

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CAMPER AGREEMENT

Note to parents:

Though the “How-to-Live” Youth Programs include the outdoor recreation and fun activities that are part of a well rounded camp experience, the atmosphere and emphasis are essentially spiritual. For this reason it is important that your child understand and be familiar with the practices and spiritual teachings of Paramahansa Yogananda, which play a large part in the program. If your child is not familiar with the teachings or is not interested in attending the Youth Program, we encourage you to wait for a more appropriate time. As Sri Daya Mata has said, “One thing I would caution you about: Never force your own spiritual views on your children. Don’t say to your child, ‘Because I am meditating, you are going to meditate.’ Children are like flowers; allow them to grow up and develop their own personalities. There is nothing wrong with that. Your part is to provide them with the right example and sense of direction....”

Please review the following points in the Camper Agreement with your child. Make sure your child understands that by signing below he or she is agreeing to participate in all activities and cooperate with the underlying spiritual purpose of the program. We ask that parents talk with their children to be certain of their desire to attend and to participate fully before registering them for camp.

Camper Agreement for those who wish to attend:

In order that all who attend may benefit as much as possible from the Youth Program, it is necessary for everyone to follow the daily schedule, and to cooperate with one another and with those in charge. **Please answer “yes” or “no” to the following questions.**

If you attend the program:

- Do you agree to participate in the meditations and Energization Exercises twice a day? _____
- Will you do your best to cooperate and follow the guidance of the staff? _____
- Will you do everything you can to help others enjoy the program by being harmonious and helpful? _____

I have reviewed this agreement with my parent and will abide by it to the best of my ability.

Camper signature: _____ **Date:** _____

I have reviewed the points of this agreement with my child.

Parent signature: _____ **Date:** _____

Please make sure that all the questions on this application have been answered.

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CHILD'S MEDICAL FORM

To Parent and/or Guardian:

Your child's well-being is important to us at Self-Realization Fellowship. The activities taught in our "How-to-Live" Youth Programs depend on soundness of body and mind, which is important for spiritual attainment and feelings of contentment. As a precautionary measure and to ensure your child's stay at camp is a positive experience, we ask that you please take a moment to review and complete this Medical Form, provide the necessary information, and sign where indicated. You may wish to refer to your family medical files or contact your child's physician to enable you to complete this form accurately. **Any Medical Form submitted with missing information will be returned to the Parent or Guardian for completion.** *Please note that the information provided on this form may be viewed by SRF monastics, employees who process Youth Program registrations, and volunteer staff who work directly with the children at camp.*

Medical Examination

SRF encourages, but does not require, your child to be examined by a licensed medical professional for purposes of the Youth Program. We wish to leave the decision of whether your child should have a medical exam to your discretion. For your reference we provide below a list of the campground conditions and the activities that your child may be engaged in during the week of the Youth Program. We hope that the information provided, together with your knowledge of any special health requirements of your child, will enable you to make an informed decision of whether or not a medical exam is necessary or advisable. If you have any questions about the necessity or advisability of a medical exam, we urge you to consult with your physician.

Camp Arbolado Conditions: Summer Afternoon Temps: 70's - 80's Evening: mid. 50's and lower
Elevation: 6,700 feet above sea level

The following activities are scheduled to take place at the Youth Program Camp: Inspirational classes, sporting events/games, including canoeing, swimming, hiking, night time campfires, asanas, arts and crafts, archery, mountain biking, a low ropes course that has six elements to learn teamwork, and is facilitated by certified staff. For teens: a certified high ropes course utilizing trained YMCA staff, that includes balance challenges on a pole up to 40' off the ground to foster self confidence. This activity is optional and all children wear safety climbing harnesses and helmets.

Please specify on the following pages your child's past or present medical conditions, whether physical or psychological ("Medical Conditions") and all past and present allergies, whether to food, medications, insects, plants, and/or environment ("Allergies"), and all medications your child is taking ("Medications"). Please describe any impact, limitations or restrictions any past or present Medical Conditions, Allergies, Medications and/or any other reason or conditions may have on your child's ability to fully participate in any of the listed camp activities. You assume full responsibility for any injuries or harm your child may sustain from his or her participation in the listed camp activities as a consequence of your failure to disclose any restrictions on his or her ability to fully participate in such activities for whatever reason.

MEDICAL HISTORY

(This side is to be completed by parent or guardian of minor; SS# is for insurance purposes)

Child's Name: _____ Birth Date: ___/___/___ Age at Camp: _____
Last First Middle Initial

Parent/Guardian (Name #1): _____

Home Address: _____
Street & Number City State Zip Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Parent/Guardian (Name #2): _____

Home Address: _____
Street & Number City State Zip Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

Name: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Home Address: _____
Street & Number City State Zip Code

Please provide a photocopy of your child's insurance card or complete the appropriate questions below:

Is the participant covered by family medical/hospital insurance? Yes No If so, indicate carrier or plan name _____

Group #: _____ Carrier address: _____

Name of insured: _____ Relationship to participant: _____ Is prior authorization necessary? _____

Social Security Number of policy or insurance ID number: _____ Carrier/Authorization Telephone Number: _____

Name of family physician: _____ Phone: _____

For the protection of your child and those around him/her, please provide us with a copy of your child's immunization record (such as an immunization record required by school) showing the date and each type of immunization your child has had. If a copy of your child's immunization record is not available, but you are able to obtain the required information, please note all applicable facts in the spaces provided below. Generally, most states require that students be immunized against certain diseases before they can be admitted to school.

Immunization History

DPT/DT: _____

POLIO: _____

MMR: _____

VARIVAX: _____

HEPITITAS B: _____

LAST TB: _____ RESULT: _____

Personal Beliefs Affidavit Regarding Immunization

If your child does not have any immunization record because he/she is exempt from the immunization requirement for admission to a school on the basis of your signing an affidavit that immunization is contrary to your beliefs, please sign below:

"Our child is exempt from the immunization requirement based on an affidavit we signed stating that immunization is contrary to our beliefs. We understand and agree that in case of an outbreak of any one of the diseases for which immunization is required, our child may be temporarily excluded from attending the Youth Program for his/her protection and for the protection of others." By typing my signature, providing my SRF Reference Number and dating the form below, I hereby acknowledge and confirm that I have legally signed the form and acknowledge everything stated herein to be true.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

SRF Reference Number _____ SRF Reference Number _____

GENERAL MEDICAL QUESTIONS

(EXPLAIN “YES” ANSWERS BELOW AND SPECIFY WHETHER ANY “YES” TO A CONDITION WILL LIMIT OR AFFECT YOUR CHILD’S ABILITY TO FULLY PARTICIPATE IN ANY OF THE LISTED CAMP ACTIVITIES)

Has/does the participant	Yes	No		Yes	No
1. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had any recent injury, illness or infectious disease? . . .	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever fainted or been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	21. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had problems with joints (e.g., knees, ankles)? . . .	<input type="checkbox"/>	<input type="checkbox"/>			
13. Have an orthodontic appliance being brought to camp? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any “yes” answers, noting the number of the questions, and provide details on whether any “yes” will limit, restrict, or affect participant’s ability to fully participate in the listed camp activities. Please also specify any other condition or reason not listed above that may limit, restrict or affect participant’s ability to fully participate in any of the listed camp activities:

Please explain if participant has or at one time had any other disease/condition and describe any limitation, restriction, or impact the disease or condition has on the participant’s ability to fully participate in any of the listed camp activities?

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health of which the camp should be aware, and note any emotional, mental, or physical condition or restriction which may limit, restrict, or affect participant’s ability to fully participate in any of the listed camp activities:

Medication participant is taking - Please include ALL medications, including non-prescription or over-the-counter medications that Participant will have at camp, and note any limitation, restriction, or impact the medication may have on participant’s ability to fully participate in any of the listed camp activities:

Allergies (Meds/Food/Insect/Other): Describe reactions, management of the reaction, and any limitation, restriction, or impact the allergic reaction may have on participant’s ability to fully participate in any of the listed camp activities due to such reactions:

SCREENING RECORD (For Camp Use Only) Screened By: _____ Date: _____
 Current Health Needs Identified: _____
 Medication(s) Received: _____

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MULTI-JURISDICTIONAL AUTHORIZATION AND RELEASE FOR MEDICAL AND DENTAL TREATMENT

The undersigned, as the parent or parents, or legal guardian or legal guardians, of _____, a minor (the “minor”), hereby authorizes Self-Realization Fellowship and its authorized directors and leaders (collectively the “SRF”) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively “medical care”) to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the state or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively “dental care”) to be rendered to the minor by a dentist licensed under the laws of the state or other jurisdiction in which dental care is sought. For the purpose of the provisions of Section 25.8 of the California Civil code, as amended.

It is understood that if the time and circumstances reasonably permit, SRF will endeavor, but is not required, to communicate with at least one of the undersigned prior to rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that SRF, members of its Board of Directors, officers, monastics, employees, volunteers, representatives, and assigns (collectively as “SRF Personnel”) shall not be legally or financially liable for any claim arising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and to hold SRF and any and all SRF Personnel harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to SRF for use in conjunction with any event operated by SRF, and shall be valid until revoked in writing by the undersigned or any of them.

Date _____

Mother’s (or Legal Guardian’s) signature

Date _____

Father’s (or Legal Guardian’s) signature

NOTE: SRF requests that, if the minor is in the custody of both parents or more than one legal guardian, both or all sign this authorization. SRF understands that the minor is in the custody only of the person or persons who have signed this authorization.

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PARENTAL CONSENT & RELEASE

We, _____ parents (or legal guardian) of: _____ hereby acknowledge and confirm our understanding that there are numerous risks associated with our child's participation in the camping activities offered by the Self-Realization Fellowship "How-to-Live" Youth Program. The risks, which are inherent in the nature of the activities involved, include, but are not limited to, rapidly changing weather conditions, failure of equipment in spite of reasonable maintenance, water movement, subsurface water conditions, unexpected, and unseen or unmarked objects and conditions in a natural environment, may cause injury, illness, or death. With full knowledge and understanding of the risks, we hereby consent to the following in conjunction with the Self-Realization Fellowship "How-to-Live" Youth Program, scheduled for:

Boys' – Camp Arbolado, Angelus Oaks, CA, June 20 – June 27, 2009

- or -

Girls' – Camp Arbolado, Angelus Oaks, CA, June 27 - July 4, 2009

- Our child's participation in all of activities of the Self-Realization Fellowship "How-to-Live" Youth Program, except as otherwise noted in the Medical History and General Medical Questions forms.
- Our child's travel to and from the Youth Program in transportation provided by the Youth Program Committee.
- Releasing and holding Self-Realization Fellowship Church and its officers, directors, monastics, employees, volunteers, representatives, agents, and assigns harmless from any and all liabilities, claims, damages, costs, actions, causes of actions, demands, and losses arising out of our child's participation in the Youth Program and our child's traveling to and from the Youth Program in transportation provided by the Youth Program Committee.
- Taking photos of and filming our child, as well as using our child's written and/or verbal statements regarding his/her experiences at the Youth Program and/or spiritual life for use in the SRF magazine, the Youth Program application, the SRF website, and other SRF publications in whatever media, including but not limited to printed materials and videos to encourage others on the spiritual path. Also, other children and staff may take pictures of my child for personal purposes.

We also assume full responsibility for any injuries or harm our child may sustain as a consequence of our failure to disclose any impact or restrictions on our child's ability to participate in any of the listed camp activities for whatever reason.

PLEASE NOTE THAT THE SIGNATURES OF BOTH PARENTS ARE NEEDED FOR THE CONSENT TO BE VALID.

Divorced parents are both required to sign unless one parent lives out of state or the parent signing has the legal authority to sign on behalf of both parents. If you are a single parent, only your signature is required. Any consent returned with only one signature constitutes your representation, upon which we can rely, that you have the legal authority to sign on behalf of your child alone. Thank you.

Date _____

Mother's (or Legal Guardian's) signature

Date _____

Father's (or Legal Guardian's) signature

