

**OREGON BUDDHIST TEMPLE
DHARMA SCHOOL REGISTRATION
& RELEASE FORM
(for 2016-2017 year)**

Name: _____ Grade: _____ Birthdate: _____

Address: _____
City State Zip

Phone number: _____ (home) _____ (cell) _____ (other)

Email Address: _____

In case of emergency, please notify: _____
Name Relationship

Emergency contact phone number (if different from above): _____

Medical insurance: _____

Doctor's name: _____ Phone number: _____

Allergies/medical conditions: _____

I, _____, the parent/legal guardian of _____
Parent name Youth name

do give my permission for my son / daughter to participate in Dharma School activities
for the 2016/2017 year, and authorize any medical attention required in an emergency.



Parent signature

Date

I can help in the following areas:

Substitute Teacher ___ Classroom helper ___ Driver for activities ___ Provide snacks for events ___

Lead special activity ___ My area of expertise _____

Chair Fund Raiser: Spaghetti Bingo ___ Rummage Sale ___ Sukiyaki Bazaar Snackbar ___

Spring Bazaar Snackbar ___ Other (please specify) _____