

Berkeley Buddhist Temple Dharma School
2121 Channing Way * Berkeley, CA 94704
bbtdharmaschool@gmail.com

Student Registration Form

Student Information

<p><u>Student #1</u> First and Last Name _____ Preferred Pronouns _____ Grade _____ Birth Date (mm/dd/year) _____ Allergies? Yes / No If yes, please list: _____ If Epi-pen is needed, please consider having your child carry one in a labeled bag every Sunday.</p>
<p><u>Student #2</u> First and Last Name _____ Preferred Pronouns _____ Grade _____ Birth Date (mm/dd/year) _____ Allergies? Yes / No If yes, please list: _____ If Epi-pen is needed, please consider having your child carry one in a labeled bag every Sunday.</p>
<p><u>Student #3</u> First and Last Name _____ Preferred Pronouns _____ Grade _____ Birth Date (mm/dd/year) _____ Allergies? Yes / No If yes, please list: _____ If Epi-pen is needed, please consider having your child carry one in a labeled bag every Sunday.</p>

Emergency Information and Permissions

<p>Physician Name _____ Phone Number _____ Medical Insurance Company _____ Policy Number(s): Student #1 _____ Student #2 _____ Student #3 _____</p>
<p>Emergency Contact Name _____ Relationship to Student(s) _____ Phone Number _____</p>
<p>Please initial: _____ In the event of an injury, accident, and/or illness to my child during Berkeley Buddhist Temple activities, I give my permission for Berkeley Buddhist Temple or to the employees, representatives, volunteers, or agents of Berkeley Buddhist Temple to arrange for all necessary medical treatment for which I will be financially responsible.</p>
<p>Please initial: _____ I understand with my child's participation in Berkeley Buddhist Temple activities, I may be photographed, or my child may be photographed. I agree to allow my and my child's photo, video, or film likenesses to be used for any legitimate purpose by Berkeley Buddhist Temple.</p>

Parent/Guardian Information

<p><u>Parent/Guardian #1</u> First and Last Name _____ Address _____ City: _____, CA Zip _____ Cell Phone Number _____ E-mail Address _____ Member of BBT? Yes / No</p>
<p><u>Parent/Guardian #2</u> First and Last Name _____ ____ Address same as Parent #1 OR Address _____ City: _____, CA Zip _____ Cell Phone Number _____ E-mail Address _____ Member of BBT? Yes / No</p>

I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my child during Berkeley Buddhist Temple Dharma School, including traveling to and from Berkeley Buddhist Temple, field trips, and related activities. The following entities or persons: Berkeley Buddhist Temple Dharma School and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers. I certify that I have read this document, and I fully understand its content. I am aware that this is a release of liability and a contract, and I sign it of my own free will.

Parent/Guardian Signature _____ Date _____

Please complete this registration form and return it to the Dharma School Superintendent. If you have any questions or concerns, please contact the Superintendent at btdharmaschool@gmail.com. Hands together in gratitude to you!