



SRI VENKATESWARA TEMPLE

Location: 1230 S. McCully Dr., Penn Hills, PA 15235
 Mailing Address: 1230 S. McCully Dr., Pittsburgh, PA 15235
 Phone: 412-373-3380 Fax: 412-373-7650 Email: svivaru@svtemple.org

S.V. Temple - Youth Summer Camp

July 27 to August 3, 2019

REGISTRATION FORM FOR COUNSELORS

Camp Location: Slippery Rock University, Slippery Rock, PA 16057.
 Eligible Age: Sixteen (16) to Eighteen (18) years old (as of July 15, 2019)

S.V. Temple is conducting a Youth Summer Camp from Saturday July 27, 2019 to Saturday, August 3, 2019 at Slippery Rock University, Slippery Rock, PA. The camp will be an educational and fulfilling experience where children will have a chance to participate in various religious, cultural, and recreational activities. All the participants will be provided room and board.

Applicants for Counselors must be between 16 and 18 years of age as of July 15, 2019. Candidates must be currently enrolled in High School or just graduated (2019) from High school.

Candidates shall submit a short essay on "Tell us about your interest as counselor at S.V. Temple - Youth Summer Camp 2019"

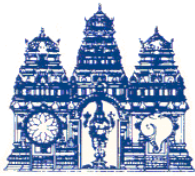
(Please note that only a limited number of counselors are needed and therefore a selection committee will review application for counselors. If not selected as a counselor, the applicant will considered as a camper **)**

If you are interested in participating, please complete the form and submit to S.V. Temple Office before the registration deadline.

Name of the Counselor (First, MI, Last Name)	Sex (F/M)	Date of Birth (MM/DD/YY)	# of Years' Experience at SVT Camp as Counselor	Previous # of SV Temple Camp Experience(s) (0/1/2/3/4 or more)

Contact Information:

Father/Guardian (First Name, Last Name)	Mother/Guardian (First Name, Last Name)
Address	Address
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Email:	Email:



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Name of the Emergency Contact (Other than Parents/Guardian):

First Name

Last Name

Phone # of Emergency Contact: _____

The registration deadline is **June 15, 2019** with a registration fee of \$175 per registrant. The fee covers boarding, lodging, educational sessions and use of recreational facilities during the stay at the camp.

Registration deadline date	Fee		
On or before June 15, 2019	\$175		

Full registration fee must be submitted along with the registration form. Please make the check payable to **S.V. Temple**.

Completed forms along with the check can be submitted at the temple office in person or mailed to the following address:

S.V. Temple - Youth Summer Camp
1230 McCully Dr.,
Pittsburgh, PA 15235-0280.

If you are unable to participate in the camp for any reason, the deadline to withdraw the application with full refund of the registration fee is July 1, 2019.

If you have any questions related to the camp or registration, please contact:

S.V. Temple – IYO: svtyouthcamp@svtemple.org or

Gangadhar Nagabandi: gnagabandi@gmail.com or 412-901-5742.

(Co-Chairperson – Youth Committee)



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MEDICAL INFORMATION FORM

This form should be completed by one of the parents. Please complete the medical information form so that we could use it in case of a medical emergency. If you had registered more than one child for the camp, please complete one form for each child.

Name of the Child (First Name, MI, Last Name)	Date of Birth (MM/DD/YY)	Sex (M/F)
Address:		
City:	State:	Zip:

Contact Information:

Father/Guardian (First Name, Last Name)	Mother/Guardian (First Name, Last Name)
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:
Email:	Email:

Emergency Contact Information: Other than the parents/guardian:

Emergency Contact #1 (First Name, Last Name)	Emergency Contact #2 (First Name, Last Name)
Relationship to the Camper	Relationship to the Camper
Home phone:	Home phone:
Work phone:	Work phone:
Cell phone:	Cell phone:



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Medical Insurance Information: Please attach a photocopy of valid insurance and pharmacy cards (front and back) to this form.

Medical Insurance Provider	Identification #: Group #:
Address and Phone # of the Insurance company	
Name of the Policy Holder (First Name, Last Name)	Prescription Card #:

Medical History: Please provide campers medical history below:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraines/Headaches	<input type="checkbox"/> Asthma (carries inhaler <input type="checkbox"/>)
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Hemophilia/blood disorder	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Seizures/fainting	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Eczema/skin disorder
<input type="checkbox"/> Neurological disorders	<input type="checkbox"/> Other (Please list)	

Adverse Reactions and Allergies:

Do not give my child the following medications under any circumstances. List these:	
Allergies to medications, food, insect bites, etc. Please specify.	
Will the camper be carrying any medication for any reason? If yes, please specify the medication:	Circle one: Yes No
Has he/she had tetanus shot within the last five years? If yes, please specify the date:	Circle one: Yes No
Name of the family Physician:	
Phone:	

Parent/Guardian Signature _____ Date _____



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CONSENT / WAIVER FORM

I/We, the undersigned, am/are the parent(s) / guardian(s) of _____, who is participating in the S.V. Temple - Youth Summer Camp. I/We acknowledge that I/we have full understanding of the rules and guidelines of the camp and permitting my/our child to participate in the camp knowing that:

- i. There may be some chances of injury to the said participant, and that there will be physical activities involved during the camp.
- ii. I/We will be solely responsible for any and all physical injuries and consequences thereof, which the participant might sustain as a result of participation in the S.V. Temple - Youth Summer Camp and agree to pay any and all costs, damages and expenses incurred in this connection.

I/We hereby waive and release forever any and all of the parties including the Sri Venkateswara Temple, the Camp Co-Director, Gangadhar Nagabandi, and his designate(s), any camp counselor(s) and instructor(s) from any and all claims for injuries/loss which may arise directly or indirectly as a result of the said participant taking part in the S.V. Temple - Youth Summer Camp. This waiver including all costs, attorney's fees, judgments, and the like; I/we agree to indemnify any and all of said parties against any and all said claims.

I/We, the parent(s)/guardian(s) of _____ authorize S.V. Temple to secure the services of a physician and /or hospital, and to incur expenses, for obtaining medical and other services in the event of any illness or accident to our child named above during the camp. I/we agree to make the necessary payments towards all such expenses. I/we also agree to indemnify and release the S. V. Temple, the Camp Co-Director, Gangadhar Nagabandi, and his designate(s), any camp counselor(s) and instructor(s) from any liability for any injury or consequence thereof, to the child named above, during and or caused by the Youth Summer Camp.

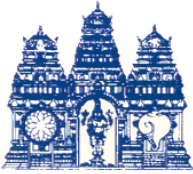
I/We agree to any pictures taken during the camp activities to be used by the S.V. Temple in publication documents, such as Face book, Newsletters etc.

Parent/Guardian (Signature) _____ Date _____

Parent/Guardian (Print full name) _____

Parent/Guardian (Signature) _____ Date _____

Parent/Guardian (Print full name) _____



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Witness #1 (Signature) _____ Date _____

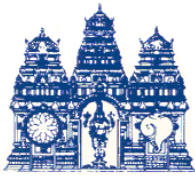
Witness #1 (Print full name) _____

Witness #1 Address _____

Witness #2 (Signature) _____ Date _____

Witness #2 (Print full name) _____

Witness #2 Address _____



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TRANSPORTATION CONSENT FORM

If your son/daughter will arrive in Pittsburgh via Greater Pittsburgh International Airport, Amtrak, Greyhound Bus, or Megabus and needs transportation to the camp site, please contact the Camp Co-Director, Gangadhar Nagabandi (412-901-5742) by July 15, 2019 to make transportation arrangements.

Camper's Name _____

Address _____

Parent/Guardian _____

Telephone (H) _____ (W) _____

Arrival Particulars

Airline/Bus/Train _____

Date _____ Arrival Time _____ AM/PM

Departure Particulars

Airline/Bus/Train _____

Date _____ Arrival Time _____ AM/PM

I consent for travel arrangements for my son/daughter _____ by the S.V. Temple to and from the camp site at Slippery Rock University, Slippery Rock, PA.

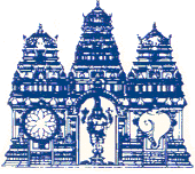
Name _____ Date _____
(Please print full name)

Signature _____

Friends/relatives who may be able to transport child/children to and from the Greater Pittsburgh International Airport, Amtrak, Greyhound, Megabus station and bring them safely to the S.V. Temple Youth Camp Site:

Name _____ Telephone _____

Relationship _____



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PARENT VOLUNTEER SIGN-UP

We require two male volunteers, two female volunteers and one physician volunteer every night during the camp. We encourage parents to volunteer at the camp during the day. Parents may volunteer on any day (s) suitable to them.

Please note that all adult volunteers need to provide proof of background checks. However, the cost for background checks will be incurred by the Temple.

Are you willing to provide the needed information to Temple Operations Manager for obtaining the background check? Yes No

If you wish to volunteer, please complete the following information.

Name _____

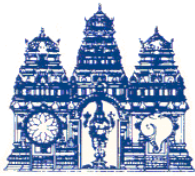
Address _____

Telephone (H/W/M) _____

Email _____

Date(s) available: _____

Time of the day(s) available: _____



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YOUTH CAMP GUIDELINES/ EXPECTATIONS (TEMPLE COPY)

The following guidelines have been designed to help achieve an enjoyable camp stay. We expect that at all times, each participant will show courtesy and consideration for all others in the group, and will adhere to the expectations. With mutual respect and understanding, our camp will be successful.

1. **NO SMOKING, ALCOHOLIC BEVERAGES OR DRUGS** at any time.
2. **Use of any electronic device such as laptops is strictly prohibited.**
3. Campers and counselors may not leave the campsite at any time without the knowledge and consent of his/her chaperone.
4. Campers and counselors will not entertain visitors at the camp without prior knowledge and consent of his/her chaperones.
5. A curfew will be in effect at the camp from 10:30 PM to 5:30 AM. During curfew hours use of electronic devices such as cell phones and or iPods is strictly prohibited. This is to ensure that all campers and adult supervisors have good night's sleep.
6. Campers and counselors must stay in their assigned room after curfew. Room checks will be made by chaperones.
7. Campers and counselors may not enter the floor or the room of the **opposite sex** at any time for any reason. This will be considered as a serious offence.
8. Any room found damaged in any way will be the responsibility of all members sharing the room. This includes items found missing.
9. Campers and counselors are expected to wear proper attire during the camp. Camp Director has the authority to decide the appropriateness.

For girls: No tight Tees or too short (in terms of length) shorts

For Boys: No low riding pants

10. Campers and counselors will not be permitted to leave the camp until Saturday August 3, 2019.
11. It is expected that all campers will adhere to the safety rules as defined by Slippery Rock.
12. Use of cell phones during prayers, class hours and bhajans is strictly prohibited.

IT SHOULD BE UNDERSTOOD THAT WE HAVE A ZERO TOLERANCE POLICY. IF A MEMBER DISREGARDS ANY OF THE CAMP EXPECTATIONS/ GUIDELINES, HE/SHE MAY BE SENT HOME, AT THE EXPENSE OF PARENT/GUARDIAN. A CAMPER WITH A DISCIPLINARY RECORD AT THE CAMP WILL NOT PERMITTED IN FUTURE S.V. TEMPLE CAMPS AND WILL NOT BE ALLOWED TO HOLD OFFICER POSITION IN IYO.

Camper Signature _____ **Date** _____

Camper Name (Print) _____

Parent/Guardian Signature _____ **Date** _____



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Camper Signature _____ **Date** _____

Camper Name (Print) _____

Parent/Guardian Signature _____ **Date** _____



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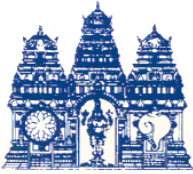
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Things to Bring to the Camp

1. One notebook. Writing paper, pen and pencils
2. Three (3) sets of Indian Style clothes for Temple field trip & cultural shows
3. Clothing 8 to 10 sets. A few pair of shorts – adhere to guidelines, one pair of sweatpants
4. Linen not included. Bring sheets, pillows and pillow covers. Extra blanket (Optional)
5. Two (2) pairs of sneakers
6. Eight (8) pairs of socks
7. Toothpaste, toothbrush, bath soap with case, hair brush/combs personal toiletries (e.g. deodorants), etc.
8. Bath towels, and washcloths
9. Sweater and light jacket
10. Swim suits, swim cap, and swim towels and other accessories if preferred (like goggles)
11. Two Handkerchiefs and Kleenex box
12. Laundry bag
13. Flashlight with extra batteries
14. Hat or cap
15. Umbrella, poncho, raincoat
16. Sports equipment: Baseball, Football, volleyball, basketball, tennis, racket and balls, baseball or softballs glove (bring what you have at home)
17. For craft projects: a new T-shirt for splatter painting, a pair of scissors
18. Small bills and coins for vending machines and calling card for phone. Since you are responsible for the money, it is advisable that you don't carry more than \$50.00



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Important information to be made available shortly

- Safety and behavior rules from Slippery Rock University
- Any additional waivers
- Daily Schedule of events