

SARASWATH LEARNING FOUNDATION

2009 – Training the mind registration form

Please use CAPITAL letters when completing the form

Section I:	Student Information	Date _____
Student Last name: _____	First name: _____	
I prefer to be called: _____	Year of birth: _____	Gender: Male/Female
Address: _____	City: _____	
State: _____	Zip: _____	Phone: (____) _____
Name of the School: _____	City: _____	State: _____
2009-2010 Academic year grade: _____	Email address: _____	
Parent's Last name: _____	First name: _____	
Person to contact in case of emergency: _____	Phone: (____) _____	
Person to contact in case of emergency: _____	Phone: (____) _____	

Section II	Parent/Guardian
Name: _____	Relationship to the student: _____
Address: _____	
City: _____	State: _____ Zip: _____ Phone: (____) _____

Section III	Hold Harmless Agreement
I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Saraswath Learning Foundation, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.	
Student signature: _____	Date: _____
Parent/Guardian signature: _____	Date: _____

Section IV	SLF use only
Application received on: _____	Amount paid: _____ Payment method: Check/Cash
Additional notes: _____	

Please mail the completed form to Saraswath Learning Foundation, 3216 Neal Terrace, Fremont, CA 94538 by July 31, 2009

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PERMISSION FORM

Saraswath Learning Foundation is a non-profit, charitable organization. It is the policy of the Saraswath Learning Foundation to obtain the permission from the parent/guardian before allowing any picture, video, or recording to take place of a child and their use in any informational publications or on our website. If you chose to grant us permission to use pictures, videos, or recordings of your child, there will be no reference to your child's first or last name, address or any other personal information. We appreciate your consideration in this matter.

Student name : _____ (please print)

Parent/Guardian name: _____ (please print)

Please check one of the following:

Yes No

 I GIVE MY PERMISSION to use pictures, videos, or recordings of my child on the Saraswath Learning Foundation website and for use in publications for Saraswath Learning Foundation without compensation.

Yes No

 I GIVE MY PERMISSION to take pictures, videos, or recordings of my child without compensation.

Date: _____ Parent/Guardian signature: _____

If you have any questions or concerns about this permission form, please feel free to contact us.