



# Hindu Youth Summer Camp

Organized by Sadhu Vaswani Center, NJ  
www.HinduYouthCamp.org

Dear Staff and Counselors,

We are happy to have you join us for another amazing year at the Hindu Youth Summer Camp (organized by the Sadhu Vaswani Center, N.J). As in the past, this year too we have many new and innovative activities planned. To ensure timely consideration of your application we ask that all required forms be completed and submitted for the registration

## Two-Step application

### • Step 1

- Complete the online registration (including essay for first time applicants and questionnaire for returning applicants)
- Upload Picture or Email picture in jpeg format with filename LastName\_FirstName to admin@hinduyouthcamp.org
- Email recommendation letter to from a nonfamily member to admin@hinduyouthcamp.org (first time applicants)

### • Step 2 : Mail the Following to the address below

- Signed release forms
- Signed Medical forms
- A copy of front and back of health insurance card
- Passport sized photograph
- Recommendation letter from non family member for first time applicants( if not emailed)

Hindu Youth Summer Camp  
C/O Sadhu Vaswani Center  
Attn: Komal Kalvani  
494 Durie Ave  
Closter, NJ 07624

**Without all of the above items your application will be on kept on the waiting list.**

Sincerely,

Prakash Tewani  
HYSC Committee

## PERMISSION/RESPONSIBILITY/ DECLARATION (To be signed by Parent/Guardian if the applicant is under 18)

1. I consent to enrollment in the Hindu Youth Summer Camp Program.
2. I have reviewed the Application and the information provided is accurate and true.
3. My child has permission to attend trips outside of the camp facility. I understand my child may be using public transportation such as bus, van, etc. and will be under the supervision of camp organizers.
4. My child will be responsible for all personal items brought to camp. HYSC will not be responsible for any lost or stolen personal items.
5. My child has permission to be photographed for publication or Internet use.
6. I grant permission for my child to receive all necessary medical treatment if it is necessary for the proper health care of my child.
7. I also agree to the release of medical information from such doctors, hospitals or other health care agencies where my child has received medical services. I understand that failure to do so may jeopardize my child's enrollment reservation.
8. I hereby release Sadhu Vaswani Center, Hindu Youth Summer Camp, and The Hudson Valley Resort, its officers, employees and agents from any liability for any accident or injuries that my child or family may incur while attending the Hindu Youth Summer Camp program

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Hindu Youth Summer Camp

## Release & Assumption of Risk

Camp Dates :

Participant Name:  Date Signed:

Home Address:  Home Phone:

City:  State:  Zip Code:

In consideration of the services of **Hindu Youth Summer Camp, Sadhu Vaswani Center, NJ**, their agents, officers, volunteers, participants, employees, and all other persons acting in any capacity on their behalf (hereinafter collectively referred to as **HYSC**), I agree to the following:

While at HYSC, I may participate in activities such as group initiatives and games, low ropes course, high ropes course, rappelling, rock climbing, canoeing, backpacking, camping, swimming, bicycling, and bicycle touring or hiking. **Although HYSC has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for the program I am attending, I acknowledge and accept that these activities have inherent risks. While HYSC has established procedures to minimize the risks, I understand that not all risks can be eliminated without changing the nature of the activities.** The risks involved in the activities offered by HYSC include but are not limited to accidental injury, illness, extreme trauma, disability and death. I understand that HYSC wants me to be fully informed of the activities and their risks. **If under 18, my parent/guardian will be notified if any injury or illness requires emergency medical attention by other than the HYSC trained Facilitators.**

The HYSC operates with a philosophy of "Challenge by choice". This means that staff will support my participation in each activity and support the level at which I choose to participate. I understand that my participation at HYSC is voluntary. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the HYSC staff. I understand that the activities at the HYSC include risks of injury or death. I understand that the risks noted above are not complete and that there are other risks that exist. I agree to assume responsibility for the inherent risks identified herein and those risks that are not specifically identified.

I understand that as a participant, I have responsibilities to follow the instructions of the HYSC staff and work with everyone to adhere to safety standards. Each participant is responsible to follow the Facilitator's directions, exhibit safe behavior including calm, cooperative, non-violent behavior. I agree to not do anything that jeopardizes me or other members of my group. I agree to respect the rights and feelings of other participants and staff and to act in a supportive and caring manner during my participation at HYSC.

I represent that I am fully capable of participating in the activities without causing harm to others or myself. I, and my parent(s) or guardian, if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those not specifically identified, and as a result of my negligence or the negligence of others in participating in the activity.

I, and my parent(s) or guardian, if I am a minor, have read, understand and accept the terms and conditions stated herein. I/We assume the risks involved in participation in HYSC activities and release HYSC from all liability associated with or arising from my participation in HYSC activities, including any liability that might arise from injury, death, disability or damage caused by or resulting from negligence by HYSC, its employees, agents, staff or representatives. I/We agree that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family. I give the HYSC permission to use any photographs, videos, and audio reproductions of myself and/or child taken during my/their participation in any and all HYSC activities except as noted.

My signature below indicates that I understand the nature and demands of the program at the HYSC as I have received and read the *Acknowledgment of Responsibilities*, that I have reviewed the terms and conditions of this document and that I freely wish to participate. I understand that I may be living in a tent at a campsite and that I will be part of a group that helps to do the chores of everyday living. I also understand and accept my personal responsibilities in participating in this program. By signing this document, I/we agree to fully comply with those responsibilities, as well as the rules, regulations and procedures of the Center while under the supervision of the HYSC staff.

Signature of Participant  Date \_\_\_\_\_

If the participant is under 18, I am signing as the parent or guardian to reflect my understanding and acceptance of the risks involved in attending programs offered by the HYSC on the terms set forth above.

Signature of Parent/Guardian  Date \_\_\_\_\_

Signature of Parent/Guardian  Date \_\_\_\_\_