**Registration Form- The Awakening (Student Social Program)**

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| ***Name of Child/Children*** |  |
| ***Age*** |  |
| ***School*** |  |
| ***Mothers name*** |  |
| ***Father/Guardian’s name*** |  |
| ***Residence Address*** |  |
| ***Contact number (child)***  |  |
| ***Contact number (Parents)*** |  |
| ***Does the child have any ailment/allergies that we need to be careful of?*** |  |
| ***Doctor/ Pediatrician name & number******Emergency contact number (other than parents)*** |  |

I ………………………………….(mother/father/guardian) of ………………………………(name of child), allow my child to attend a one week program on ‘The Awakening’. I am aware that my child will be travelling to NGO’s and premises within Delhi/NCR as part of the program.I agree to indemnify the organization, from any accident or personal injury sustained or suffered by my child/children or any damage or loss to my child’s personal belongings during the program. In the event of an emergency, I give permission to transport my child/ward to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to all of the above stated considerations and conditions.

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(Name & Signature of the Parent/ Guardian Date