

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

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

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)

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Date