

# Living Wisdom Yoga Day Camp 2018

Location of Program: Ananda Community, 20715 Larch Way, Lynnwood, WA 98036

## APPLICATION FOR ADMISSION

Please register my child for:

( Select one or both weeks )

July 23 - July 27

July 30 - August 3

### Child's Info

Name:

Last name

First name

Middle name

Nickname

Gender / Age / Birthday:

Gender

Age

Month /

Day /

Year

Grade / School:

Grade for the fall

Most recent school attended (If any)

### Parent / Guardian Info

#### Parent / Guardian 1

Name:

Last name

First name

Middle name

Address:

Contact:

Phone number

Email

Best way to get a hold of you:

#### Parent / Guardian 2

Name:

Last name

First name

Middle name

Address:

Contact:

Phone number

Email

Best way to get a hold of you:

### General Questions

How did you learn about Living Wisdom Yoga Day Camp?

What are your primary interests in our camp?

Is there anything about your child that we should know that would help us in working with him or her?

**Cancellation Policy:** Registrations that are canceled more than 4 weeks before the first day of camp will be refunded, less the \$25 application fee. Registrations canceled within 4 weeks of the first day of camp will only be refunded if LWS is able to fill the vacated spot, less a \$25 processing fee. No refunds will be issued once the camp has started. LWS reserves the right to cancel programs that do not meet the minimum number of participants, and will attempt to place participants in an alternate program or, if unable, will issue a refund.

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## HEALTH INFORMATION

### Child's Info

Name:

Last name

First name

Middle name

### Emergency Contact Info

#### Primary Contact

Name:

Last name

First name

Middle name

Phone number:

#### Secondary Contact

Name:

Last name

First name

Middle name

Phone number:

### Doctor

Name:

Last name

First name

Middle name

Address:

Phone number:

### General Questions

What is your preferred medical approach?

( Traditional / alternative / both )

Allergies :

Food restrictions:

Health conditions:

Does your child have permission to use  
the swimming pool? ( Select one )

Yes

No

Does your child know how to swim?

( Select one )

Yes

No

(Child will be required to show his/her ability to swim before being allowed to swim without a life jacket or in the deep end. If a child cannot swim, then we require the parent to provide a life jacket which the child must wear at all times in the pool, even in the shallow end, unless parent has specified otherwise.)

Parent/Guardian Signature:

Date:

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## EMERGENCY/MEDICAL TREATMENT RELEASE

As parent and/or legal guardian of:

Last name

First name

Middle name

I grant permission for Living Wisdom Yoga Day Camp in case of emergency to obtain medical treatment and to transport my child to the emergency room at the nearest hospital.

Parent/Guardian Signature:

Date:

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## SUNSCREEN AUTHORIZATION FORM

Living Wisdom Yoga Day Camp is aware of how damaging UV rays from the sun can be to your child's skin. We encourage application of sunscreen.

**It is the parents' responsibility to apply sunscreen to their child before sending their child to camp in the morning.**

During the day, however, the protection wears off. If you would like for the camp staff to reapply sunscreen after lunch, please give us your permission below. Children eight years of age and older may administer their own sunscreen under the supervision of a staff member.

**Sunscreen must be provided by parents and must be in the original container labeled with the child's name and must be current.**

A sunscreen authorization form must be on file in order for staff to administer sunscreen. If no form is completed, our staff will not apply sunscreen. This permission slip will be valid for as long as your child is attending LW Yoga Day Camp or until a written request is submitted to nullify the above stated terms.

Choose: Yes, apply sunscreen that I provided

(Select one)

I do NOT authorize sunscreen application.

I, \_\_\_\_\_ authorize The Living Wisdom Yoga Camp Staff to apply sunscreen designated

Print Parent/Guardian name

above to \_\_\_\_\_, and agree to the above terms stated in this policy.

Print Child's name

Parent/Guardian Signature:

Date:

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## PHOTO PERMISSION FORM

I give permission for Living Wisdom Yoga Day Camp and/or Living Wisdom School of Seattle to use my child's photograph in their promotional materials.

Choose:            Yes  
(Select one)        No

When 'Yes':

Child's name:

Parent/Guardian Signature:

Date:

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## PAYMENT CONFIRMATION

You may pay for camp via written check or PayPal. You may pay for all your children in one lump payment.

**Pay via check:**

Please walk in or mail all checks to:

Living Wisdom School  
6717 212th St. SW  
Lynnwood, WA 98036

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**Pay via PayPal**

Click the yellow button to pay from our website PayPal portal:

[Buy Now](#)

This transaction is administered by Paypal but no Paypal account is required.

Once you have paid with PayPal, write your confirmation number (sent from PayPal to your email) in the box below.

PayPal Confirmation Number:

Email used when paying with PayPal

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SEND APPLICATION FORM TO US!

Please email this completed and signed PDF application to:

[william@livingwisdomschoolwa.org](mailto:william@livingwisdomschoolwa.org)

Thank you!

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