



སིལ་ལྷ་བདོ་རྒྱ་རིག་གཞུང་སློབ་གྲྭ

མིང་། Student's Name: _____

སྐྱེས་ཚེས། Date of Birth: _____(mm/dd/yyyy)

ཕོ།/མོ། Gender: _____

Parent/Guardian - Contact Information:

ཕ་མའི་མིང་། Parent's Name: _____

ཁ་པར། Cell Phone: _____ Home Phone: _____

ཁ་བྱང་། Address: _____

སློབ་འཕྲིན་ཁ་བྱང་། Email Address: _____

Emergency Contact Information - Alternate Pickup/Release

མིང་། Name: _____

ཁ་པར། Cell Phone: _____ Home Phone: _____

Relation to Child: _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____ 4: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes __ No __ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes __ No __ If yes, explain: _____

Days Attending:

- All Days – August 6 -10
- Wednesday – August 7th
- Friday – August 9th
- Tuesday – August 6th
- Thursday – August 8th
- Saturday – August 10th

Terms of Agreement

In case of medical emergency

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the TLCC or TAW will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Photo Release

I hereby give permission for my child to be photographed during the TLCC Summer-Camp. I understand the photos will be used to keep a journal of activities, to share during presentations and for promotional purposes including flyers,

brochures, newspaper and on the internet. I do not expect compensation and that all photos are the property of Tibetan Language and Cultural School Seattle

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official TLCC Summer-Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

The TLCC and its organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's/ Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Please send the completed form to:

Attn: Lobsang Tsering
21030 46th PL W. Lynnwood, WA 98036
Phone (425-381-5431) or
lobsangtsering@yahoo.com