

# Sheltering Branch Bahá'í School Registration Form

Contact Person \_\_\_\_\_

Last Name

First Name

Address: \_\_\_\_\_

City

State

Zip

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

REGISTRATION INFORMATION

Name	Bahá'í	Entering grade	Birthdate	Gender	Accommodations*	Tuition fee

Mail to: Sheltering Branch Bahá'í School  
 c/o Annie R.  
 P.O. Box 1288  
 Pullman, WA 99163

Total Tuition	
Scholarship Donation	
<b>Total Due</b>	
Amount included with registration** <b>**A minimum of \$50 per person deposit is required with this form.</b>	
<b>Balance Due (at camp)</b>	

\*Choices for accommodations are: RV, family cabin, or tent.

<b>Adult (25+)</b>	\$250.00	<b>Child 3-5</b>	\$115.00
<b>Youth (15-24 + 65+)</b>	\$225.00	<b>Child 0-2</b>	\$100.00
<b>Jr. Youth (11-14)</b>	\$175.00	<b>Sponsored Child</b>	\$195.00
<b>Child 6-10</b>	\$135.00	<b>Family Rate</b>	\$725.00

<b>Teacher discount</b>	\$50.00
<b>Teacher asst. discount</b>	\$20.00
<b>Kitchen asst. discount</b>	\$100.00

Please answer ALL of the following questions and submit with your registration!

Sheltering Branch is an all-volunteer camp, and we need everybody to pitch in! Please go to the web page: <http://shelteringbranch.org/service/> and choose a job!

If you have made prior arrangements for cabin sharing, please indicate with whom you would like to share a cabin:

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**DIETARY NEEDS**

Are you gluten free, vegetarian, vegan, allergic to certain foods? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please explain:

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We **cannot** always accommodate individual food preferences, but can make space available in the refrigerator for special needs.

Does anyone in your family have physical, mental, or emotional needs that might be important to share with the committee? All information will be kept confidential.

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We are a remote facility, so if you have any questions about whether or not these needs can be accommodated, **PLEASE** contact the committee: [shelteringbranch@gmail.com](mailto:shelteringbranch@gmail.com)

## PHOTO/AUDIOVISUAL PERMISSION

**Family/Group Name:** \_\_\_\_\_

**I hereby: (*choose one*)**       **consent to and authorize**       **do not consent to**

the use of and reproduction by, the National Spiritual Assembly of the Bahá'ís of the United States and its affiliated agencies and institutions (the "National Spiritual Assembly"), of any and all photographs and any other audiovisual materials taken of the registered individuals listed below for inclusion in any of the National Spiritual Assembly's promotional printed material, websites and online social media platforms, educational activities, or for any other manner and in whatever way the National Spiritual Assembly may desire to serve the best interests of the Baha'i Faith.

**This consent applies to all family/group members listed on the registration form.**

**Family/Group Leader Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **WAIVER OF LIABILITY**

*Completion and return of waiver is required before participation in recreation activities.*

Please Read this Waiver before Signing

I understand that during participation in this event one may be exposed to physically and psychologically stressful and challenging situations, including but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, motor vehicle travel and possible accident or illness.

I have advised sponsor of any special needs of the participant or activities from which the participant should be restricted.

I understand that, although precautions have been taken to provide proper organization, supervision, instruction and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby assume all risks and dangers and will hold harmless the National Spiritual Assembly of the Bahá'ís of the United States, the Bahá'í School Committee, all local Spiritual Assemblies, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as an assumption of risk and general release for the participant while participating in this event.

**SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, WAIVER OF CLAIMS AND PHOTO RELEASE:**

Family/Group Leader Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL RELEASE -- required for ALL MINORS (0-17 years)**

**Authorization to Consent to Treatment of a Minor**

**Family/Group Leader Name** \_\_\_\_\_

I, as the undersigned parent or guardian of the minors listed on this form (less than 18 years of age), and group leader for members in my party, do hereby authorize \_\_\_\_\_ Bahá'í School, or its designated representative, agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables \_\_\_\_\_ Bahá'í School to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor(s). This authorization shall remain effective from during the session dates listed above, when my family or group member is attending the \_\_\_\_\_ Bahá'í School.

Additional Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Minor's Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Minor's Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b><i>List any Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications:</i></b>

**SIGN for MEDICAL RELEASE for MINORS:**

**Family/Group Leader Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_