

# Self-Realization Fellowship

## Sunday School/Teen Group Registration

Date \_\_\_\_\_ Name of Temple, Group \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child resides with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other, please specify \_\_\_\_\_

Youth's Health: Any allergies, illnesses, special needs, psychological or physical limitations? \_\_\_\_\_ (Yes/No)

If yes, please explain here: \_\_\_\_\_

Sunday School student since: \_\_\_\_\_ Previous Temple/Groups: \_\_\_\_\_

Techniques Received: Hong Sau \_\_\_\_\_ Aum \_\_\_\_\_

Attended Youth Program \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_

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**Persons authorized to pick up my child after Sunday School:**

Mother/Guardian Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Lessons Student? \_\_\_\_\_ Member (Kriyaban)? \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Lessons Student? \_\_\_\_\_ Member (Kriyaban)? \_\_\_\_\_

**Additional person(s) authorized to pick up my child after Sunday School:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Parent(s) is responsible for informing SRF when there are changes in the above information.

# Self-Realization Fellowship

## PARENTAL CONSENT AND RELEASE

### Consent

**Consent for Participation in Sunday School/Teen Group Program and Emergency Medical Treatment (By signing below following the "Release" section, you are indicating your consent, which is required if you wish to have your child/teen participate in Sunday school/Teen Program.)**

We hereby consent to having our child/teen attend and participate fully in Self-Realization Fellowship (SRF) Sunday School/Teen Group programs and activities at the SRF \_\_\_\_\_ Temple/Center/Meditation Group. We understand that the programs and activities may on occasion include young adults over eighteen years of age. We also consent to having SRF, any SRF monastic, Youth Services personnel and/or the \_\_\_\_\_ Temple/Center/Group Sunday School/Teen Group volunteer staff secure medical treatment for our child/teen in case of emergency and there is insufficient time to contact us or we cannot be reached.

### Release

In consideration for our child's/teen's participation in Sunday School/Teen Group at \_\_\_\_\_ Temple/Center/Meditation Group, we hereby agree to release and hold Self-Realization Fellowship and its officers, directors, monastics, employees, volunteers, representatives, and agents, and \_\_\_\_\_ Temple /Center/Group volunteers (collectively as "SRF Personnel"), harmless from any and all liabilities, claims, damages, costs, actions, causes of actions, demands, and losses arising out of or in any way related to our child's participation in Sunday School/Teen Group programs and activities, and (to the extent consent for the taking and use of videotapes and photographs is given) the taking and use of any videotapes and/or photos of our child/teen, and/or the use of verbal/written statements given by our child/teen for such purposes as determined by appropriate by SRF.

### Signature

**Please note that the signatures of both parents are required for the consent and release to be valid. If you are a single parent, only your signature is required. Divorced parents are both required to sign unless one parent lives out of state or the parent signing has legal authority to sign on behalf of both parents. Any consent returned with only one signature constitutes your representation, upon which we can rely, that you have the legal authority to sign on behalf of your child alone. Unless and until SRF has been notified of any changes in family or marital status, we shall rely on this consent. Thank you.**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Please Print

Date \_\_\_\_\_

\_\_\_\_\_  
Mother's (or Legal Guardian's) Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Father's (or Legal Guardian's) Signature

**Please see reverse side for page two**

## Parental and Consent Release (continued)

### Videotape/Photo Consent and Release

**Consent to Videotaping and Taking of Photographs and Use of Same.** (Please check "yes" or "no" below to indicate whether you consent. Your consent is optional and not required.)

In consideration for the opportunity provided to our child/teen to participate in Sunday School/Teen Group program and activities at the \_\_\_\_\_ Temple/Center/Group, we hereby give to Self-Realization Fellowship our consent to take any and all of the following actions, without the right to prior inspection or approval, and we release Self-Realization Fellowship and all SRF Personnel and hold them harmless from all damages, losses, claims, liabilities, demands, costs, and actions arising from SRF's taking and use of any videotapes and/or photos of our child/teen, and/or the use of verbal/written statements given by our child/teen for such purposes as determined by appropriate by SRF, and as stated in the Release section of the prior page.

- ▶ To videotape and/or take photographs of our child/teen, alone or with others, participating in Sunday School/Teen Group activities at any one or more of SRF's temples or facilities, and
- ▶ To use and reuse such videotapes and/or photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, including but not limited to SRF websites, for purposes related to Sunday School/Teen Group and for any other purposes deemed appropriate by SRF, and
- ▶ To use our child's/teen's verbal and written statements of a spiritual nature to encourage others on the spiritual path and for any other purposes as deemed appropriate by SRF.
- ▶ To copyright such videotapes and/or photographs in SRF's name or in any other name SRF chooses.

Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Mother's (or Legal Guardian's) Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Father's (or Legal Guardian's) Signature

# *Self-Realization Fellowship*

## **Sunday School and Teen Group Information**

Thank you for choosing Self-Realization Fellowship Sunday School or Teen Group for your child. Your child will be under the supervision of a volunteer Self-Realization Fellowship Sunday School teacher or Teen Group leader. Each class will include prayer, meditation and activities presenting the How-To-Live teachings of Paramahansa Yogananda.

### **Classroom Assignments**

Your child has been assigned to a Sunday School class according to his/her age. Most of our Sunday School classes are also divided by gender. Sunday School classes serve children ages 3 years through 12 years. Teen Groups typically include youth from 13 – 17 years.

### **Arrival and Departure Procedures**

Sunday School and Teen Group classrooms are staffed and ready to receive students up to 15 minutes prior to the scheduled class time. Sunday School children should be brought to their classroom by their parent or other authorized adult to be signed in and released to their teacher. Teens do not need to be accompanied by their parent.

After the conclusion of the adult service, parents are asked to proceed to the Sunday School area immediately so that their child may be released promptly. Your child will be signed out and released to you or your adult representative at the conclusion of his/her Sunday School class.

We appreciate your effort to see that your child is escorted and signed in to his/her class and is picked up personally and promptly after the adult service.

### **Sick Child Policy**

In order to maintain a healthy environment for all children, children should not be brought to Sunday school or to teen classes who are ill. In general, those with fever, diarrhea, or vomiting within the past 48 hours, cold or flu, eye or skin infections, or with other symptoms of communicable disease, should remain home.

### **Sunday School/Teen Group Consent and Release**

In order for your child/teen to participate in Sunday School/Teen Group programs and activities, your consent and release are required for his/her attendance and for emergency medical treatment if there is insufficient time to contact you or if we are not able to reach you. In addition, families and friends enjoy seeing what our youth are doing, so occasionally we create bulletin boards of youth activities, with photographs in the classrooms and around the Temple, Center or Group. Also, a photo may be published in the *Self-Realization* magazine or a photo or video displayed at the Self-Realization Fellowship Convocation or Website. We request your consent and release for the taking and use of photographs and videotapes of your child/teen for the purposes described and for any other purposes that SRF may deem appropriate. Your consent and release for these purposes, however, are optional. Please review the full description of the consent and release attached.