

AMARAVATI FAMILY EVENTS

Young Person Retreat

- This form is **strictly confidential** and will be destroyed after the retreat.
- Should you have any medical condition or allergy, **please ensure you bring appropriate medication, sufficient for the duration of the retreat.**

INTERNAL USE ONLY	
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About you PLEASE FILL IN USING CAPITALS

surname forename

date of birth male or female

contact email

have you practised meditation before? DELETE AS APPROPRIATE

no / yes (briefly describe where, when etc)

do you have any physical difficulties / medical condition that would be helpful for us to know? DELETE AS APPROPRIATE

no / yes (briefly describe)

are you allergic/sensitive to anything? (eg dust, incense, foods, medicine) DELETE AS APPROPRIATE

no / yes (briefly describe)

have you had, or do you currently suffer from any mental illness? DELETE AS APPROPRIATE

no / yes (briefly describe)

do you have any relevant factors that you would like to mention to the teacher? DELETE AS APPROPRIATE

(eg recent bereavement, family difficulty etc) continue on a separate sheet if necessary.

no / yes (briefly describe)

dietary requirements food for the weekend is vegetarian (includes dairy). Tick here if you require vegan/gluten free

any other details you'd like us to know

Who to contact in an emergency

name

relationship to you

home phone mobile

Waiver form THIS MUST BE COMPLETED AND RETURNED WITH THE FORM

To be filled in by parent and child, if child is under 18.

I hereby give permission for (young persons name) to take part in the Young Persons Retreat. I would expect that those running the retreat act as responsible adults and take reasonable measures to ensure his/her safety. It would not be our intentions to make any claim unless there was intentional harm or neglect of reasonable precautions.

parents signature date

I (name of child) agree to abide by the five precepts and understand that I will have to leave if my behaviour breaks the five precepts and a parent will come to fetch me, if asked by the retreat leader at their cost. No refund of payment will be made under these circumstances.

young persons signature date

To be filled in by 18 year olds.

I agree to abide by the five precepts and understand that I will have to leave if my behaviour breaks the five precepts, if asked by the retreat leader at your own cost. No refund of payment will be made under these circumstances.

young persons signature date

Photography and Videos

- Please note no videos/photographs maybe distributed in any form anywhere unless there is prior consent of everybody in that picture/video.
- Pictures/videos are only for personal and family use. This includes internet areas, such myspace/youtube and google video/facebook. If they are distributed they must be in a password protected area for only people involved in that event and with no names.
- Some photos/videos may be used by the Young Persons Retreat leaders for promotional use on the website/magazines. If you **do not** wish to be involved in this please tick this box.

Data Protection Act

Your contact details maybe kept but no other personal information will.
If you **do not** wish to be involved in this please tick this box.

Donations

There is no charge for attending retreats at Amaravati. However the retreat centre does depend on the generosity of retreatants to meet costs. As a guideline it costs about twenty pound a day per person to run the retreat centre. Previous retreatants have made a donation so that others can attend. Any donation made is anonymous and voluntary, and retreatants are invited to give whatever they are able to offer. Cheques can be made payable to **English Sangha Trust**.

Retreat manager

Tim Hagyard is manager of the retreat and can be contacted on 01992 302643.

Please return all completed forms to the bookings coordinator:

By Post: Gina Willow 5 Lytton Road, Oxford, UK OX4 3PB.

By Email: familybookings@amaravati.org