Khalsa Learning Initiative for
Ancient Greek & Latin Classics

Web: www.khalsaclassics.org
Phone: 408-831-1821

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General Information Form

Student Participant's Full Name: _____

Year & Month of Birth: _____ (Year and Month only)

Home Address: _____

City, State, Zip: _____

Email Address: _____

School Name : _____

Street Address: _____

City, State, Zip: _____

Student Participant's Current Grade:

Please write **"X"** on Level: ___ Grade 8 ___ Grade 9 ___ Grade 10 ___ Grade 11 ___ Grade 12

If the student participant is a minor under age 18, a parent or guardian must complete the Parental Consent Form and Parental Liability Waiver & Release of Claims:

Parental Consent

Minor's Full Name: _____

Minor's Year & Month of Birth: _____ (Year and Month only)

Parent or Guardian Full Name: _____

Parent or Guardian Relationship to Minor: _____

- I am the legal parent/guardian of the above-named minor. I give permission for the above-named minor to participate in the Khalsa Classics program.
- I understand that participation in the Khalsa Classics program includes: reading aloud, speaking, writing and conversing in group lessons with other students and volunteer teachers; using paper, pens, pencils with photocopied pages and personal notebooks; and other similar activities that occur in an educational language arts and literature class.
- I acknowledge that the above-named minor is participating willingly and assumes full responsibility for his/her participation in the Khalsa Classics program.

Parental Liability Waiver & Release of Claims

- I understand that reasonable protocols will be taken to ensure the safety of every student participant in the Khalsa Classics program, including mandatory background checks for all staff and volunteers; continuous supervision during class lessons, use of physically safe buildings with functioning electrical, plumbing and hvac systems; however, I also understand that participation in nonprofit educational activities, including the Khalsa Classics program, may involve certain risks, including but not limited to: physical injury; accidental cuts, slips, falls; allergic reactions; and other unforeseen risks. I also understand that student participants who depart from the class lesson (to go outside, to make phone calls, etc) will be unsupervised.
- I voluntarily assume all risks as aforementioned on behalf of the above-named minor associated with his/her participation in the Khalsa Classics program.
- I hereby on behalf of the above-named minor release, waive, and discharge **Dandies Foundation**, its directors, officers, volunteers, employees, instructors, affiliates, and programs, including Khalsa Classics, from any and all liability, claims, demands, or causes of action arising out of participation, including negligence to the fullest extent permitted by law. I understand this release is binding upon myself, my heirs, and representatives.
- I agree to authorize emergency medical treatment to the above-named minor, if necessary, such as administering first aid, performing CPR, and/or involving paramedics.

Parent or Guardian's Full Name: _____

Parent or Guardian's Signature: _____ Date: _____

Emergency Contact (EC) Information

Student Participant's Full Name: _____

Medical Conditions[1] (If Any): _____

_____

_____

Allergies[2] (If Any): _____

_____

_____

Medications[3] (If Any): _____

_____

_____

Primary EC (Required):

Emergency Contact Person (First & Last Name):_____

Relationship to Student:_____

Phone Number(s): _____

Secondary EC (Optional):

Emergency Contact Person (First & Last Name):_____

Relationship to Student:_____

Phone Number(s): _____

Primary Physician (Optional):

Doctor's Name (First & Last Name):_____

Phone Number(s): _____

Primary Physician (Optional):

Doctor's Name (First & Last Name):_____

Phone Number(s): _____

Health Insurance (Optional):

Name of Insurance Provider:_____

Policy Number: _____

[1] Disclosure is voluntary, but helpful to know in the unlikely event of a medical emergency.
[2] Disclosure is voluntary, but helpful to know in the unlikely event of a medical emergency.
[3] Disclosure is voluntary, but helpful to know in the unlikely event of a medical emergency.

Photography / Media Release

I grant permission to Dandies Foundation and its educational programs, including Khalsa Classics, to use photographs and videographs recorded during the Khalsa Classics program for promotional, educational, and marketing purposes only. Please write **"X"** on either yes or no:

___ Yes

___ No

Student Participant's Full Name: _____

Parent or Guardian's Full Name: _____

Parent or Guardian's Signature: _____ Date: _____

(....*Please continue to next page, Page 05*….)

Required Course Materials

The Khalsa Classics program does not use digital devices for classroom instruction and instead prioritizes the intellectual development of students through the use of paper notebooks, paper printed sheets, pencils, and small paperback book(s).

Students are responsible for purchasing and bringing to each lesson the required course materials, which are:

- paper notebook
- pencils
- paperback book(s)

The total cost for required course materials is very reasonable and not to exceed $20 per student.

Details about which specific paperback book(s) to obtain will be provided upon registration.

Voluntary Donation

The Khalsa Classics program does not charge tuition or fees to students and is taught entirely by volunteers. A small team of individuals manage the program's operations including: website creation and maintenance; program promotion and marketing; and, public relations and communications. Support in the form of voluntary monetary donations helps to cover the costs of these operations and enables the Khalsa Classics program to continue and reach more students.

The voluntary donation can be made online or cash. A receipt will be provided via email from Dandies Foundation, a registered 501(c)(3) non-profit. Please write **"X"** on one of the lines below:

___ $0 (if unable to make a donation at this time)
___ $5
___ $10
___ $20
___ other amount $ _____

Student Participant's Full Name: _____

Parent or Guardian's Full Name: _____

Parent or Guardian's Signature: _____ Date: _____