



**HONPA HONGWANJI HAWAII BETSUIN
DHARMA SCHOOL REGISTRATION**

Student: _____ Grade: _____ Birthday: _____ Age: _____

Address: _____

Parent 1	_____	Parent 2	_____
Occupation	_____	Occupation	_____
Email	_____	Email	_____
Contact #	_____	Contact #	_____

Special Interests or talents: _____

Musical Instruments Played _____

Brothers/Sisters (Names/Grades): _____

Allergies or Health Problems _____

Any restrictions? _____

Emergency contact _____

Close friend or relative at our temple _____

**CONSENT TO PHOTOGRAPH
Honpa Hongwanji Hawaii Betsuin (HHHB) Photography Policy v2.0**

I, _____ hereby grant permission for HHHB to take photographs or video recordings of my child, _____ at worship services and other public temple-related activities and to use these photos or recordings for fellowship or promotional purposes in media such as, but not limited to, brochures and flyers, the temple website, and online photo galleries.

____By checking this section, I choose to opt out. I DO NOT want my child’s photograph or video recording to be posted or otherwise displayed.

Parent’s Name: _____ Signature: _____

MEDICAL AUTHORIZATION FORM

Dear Parent/Guardian:
Hospitals will not treat your child until they have the parent’s or guardian’s permission. In case of extreme emergency when we are unable to contact you, we would like to have your written consent to having your child treated by a doctor or hospital emergency room staff.

I hereby authorize the HHHB Dharma School to have my child, _____, treated by a doctor or hospital emergency room staff in an emergency situation if I cannot be contacted.

Physician: _____ Phone: _____

Signature: _____ Date: _____