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HCS Annual Camp 1994 June 30 to July 4, 1994 , Oxford, Ohio.

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- *Subject:* HCS Annual Camp 1994 June 30 to July 4, 1994 , Oxford, Ohio.
- *From:* "TOP CAT " <U52931%UICVM@UIC.EDU>
- *Date:* Thu, 21 Apr 1994 19:09:15 CDT

Hindu Students Council
(Sponsored by Vishwa Hindu Parishad of America, Inc.)

43 Valley Road, Needham, MA 02192. Tel : (617)227-3023. Fax: (617)444-8725

The Fourth Annual National Camp
At Camp America, Oxford, Ohio
5:00 PM June 30 - 2:00 PM July 4, 1994

REGISTRATION FORM

1. Camper's Name : First _____ Middle _____ Last _____
2. Permanent Address : _____
3. Permanent Phone : (____) ____-____ 4. Sex : M [] F [] 5. DOB ____/____/19 ____
6. University : _____ 7. Major _____ 8. Graduation Yr. _____
9. Campus Address : _____

10. Status: Fresh [], Soph [], Jr. [], Sr. [], Grad [].
11. Campus Phone : (____)____-____ 9. E-Mail _____
12. Where should we send mail through the summer ?
(Please inform of any change of Address) [] Campus, [] Home.
13. Person to be contacted in case of any EMERGENCY :
Name : _____ Phone # (____)____-_____
Address : _____
14. Have you attended any HSC/VHP camps before? [] Yes, [] No
15. Your Interests :
a) I would like to learn/discuss the following topics in the camp :

b) What would you like to do in the cultural program ? : _____
16. I am a member of Hindu Students Council , my membership # : _____
I would like to [] be a member , [] renew my member ship
- Membership Fee :
[] \$15-1year, [] \$28-2years, [] \$40-3years, [] \$50-4years

MEDICAL INFORMATION / HEALTH HISTORY

1. Medical Insurance : Company Name _____ Policy # _____
Address : _____
Personal Physician's Name : _____ Phone # (____)____ - _____
2. Diseases : Have you ever had: [] Chicken Pox, [] Mumps, []
German Measles, [] Whooping Cough, Other :
(Describe) _____
3. Allergies : [] Insect Stings, [] Ivy, Oak etc., [] Asthma,
Food : _____
Drugs : _____
4. Chronic or Recurring diseases : [] Heart diseases, [] Diabetes,
[] Convulsions, [] Ear infection,
[] Behavioral Disorder,
other : _____
5. Activities : Encouraged : _____
Restricted : _____
6. Dietary Regimen (Only Vegetarian Food is Served) :

7. I will notify the camp coordinator about my medical problems requiring
special medication upon arrival at the campsite.

INSTRUCTIONS

Priority of acceptance : Space and number of campers is limited. Acceptance is given strictly on the priority of completed applications being received with all the forms and proper fees . All details MUST be filled out. Incomplete forms will not be considered for registration. Please Print All Information Clearly.

Refund Policy: If this office is notified in writing no later than
June 25, 1994 the camp fee less a \$25.00 deduction
(non- Refundable processing fee) per application will be

refunded.

Fees: Campers fees should be paid in full with application. A separate check should be written out for membership. These fees includes a \$25.00 non-refundable processing fee. If you are not a member take advantage now and be a member of a great students movement, we encourage four year membership. Please make checks payable to Hindu Students Council.

Designation	Duration	Member	Non-Member
Full Time (Early)	June 30th - July 4th	\$ 80.00	\$ 100.00
Full Time (Late)	June 30th - July 4th	\$ 100.00	\$ 120.00
Part Time (Early)	July 2nd - July 4th	\$ 70.00	\$ 90.00
Part Time (Late)	July 2nd - July 4th	\$ 90.00	\$ 110.00

Note : If you plan to come on the 1st of July you will still have to pay full time camp fee . The last date for early registration is June 6th 1994, no registration forms will be accepted after 20th June, 1994 .

CAMPER'S CONSENT

- A. I will be responsible for transportation to and from the camp.
- B. I hereby release Hindu Students Council, and VHP , Inc., from any liability for any accidents or injuries I may incur while traveling to and from the camp and / or while attending the camp.
- C. In the event of emergency where treatment by a doctor is necessary, I here by give permission for a representative of Hindu Students Council to authorize physican (s) and hospital personnel to give me anesthesia and/or perform whatever medical and/or surgical treatment deemed necessary at such time in my best inerest.
- D. I and/or my health insurance company is completely responsible to carry all the expenses necessary for any kind of medical or surgical treatment during the camp.

CAMP GUIDELINES

1. Except with the permission of the Camp Coordinator, no camper(s) can leave the campsite until camp is officially concluded.
2. Campers are not allowed to bring food and any kind of drinks with them to the camp.
3. Carrying expensive materials such as jewelry and cameras is not recommended, and is the sole responsibility of the camper.
4. Campers are not allowed to bring any kind of radio, cassette player or TV to the Campsite.
5. Possession and/or use of alcoholic beverages or drugs (except for those prescribed by a doctor for medical reasons) is strictly prohibited.
6. Hindu Students Council has a No-Smoking policy, you are not allowed to smoke at the campsite.
7. Gambling, fighting, harassment of other participants or use of indecent, abusive, discriminatory or threatening languages or such behavior may result in expulsion from camp.

8. Participants shall not change, temporarily or permanently, their allotted cabin/accommodations without prior approval of the Camp Accomodation Coordinator.
9. Except for a valid medical reason and/or an alternate assignment, each camper is expected to participate in all scheduled programs and activities.
10. Campers shall abide by all safety rules. Safety rules will be explained and discussed at the campsite.
11. Campers must be in their designated cabins/accommodation after midnight.
12. Camp Committee reserves the right to accept or reject any registration.

I hereby apply for admission to the Fourth Annual National Camp organized by the Hindu Students Council. I have fully read and understood the afore said information (Instructions, Campers Consent, and Camp Guiedelines) and do hereby agree to abide by them. All the Information provided in this document is true to the best of my knowledge.

X _____ (Campers signature) _____ (Date) _____ Name as it appears in signature :

Amount of campers application fee: \$ _____ Check No : _____

Amount of membership fee (if any): \$ _____ Check No: _____

Note : Confirmation letter, directions and other instructions will be mailed to you upon acceptance of registration.

Please remit completed applications with necessary fees to :
Hindu Students Council Camp IV
4657 Crompton Drive, Columbus , OH 43220

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