AUSTRALIAN YOUTH SAHAVAS REGISTRATION FORM 2027

SECTION TO BE COMPLETED BY PARTICIPANT:

NAME _____

AGE _____BIRTHDATE_____

ADDRESS_____

TOWN/CITY_____STATE/POSTCODE_____

COUNTRY_____

PHONE:_____

EMAIL:_____

Briefly describe yourself -eg your personality, interests, things you love to do etc

_____

_____

_____

_____

Have you attended a Youth Sahavas before?

_____

How did you hear about Meher Baba? _____

_____

_____

_____

What makes you want to come to the Youth Sahavas?

_____

_____

_____

_____

Do you have any special needs?

_____

Do you have any dietary requirements? Please circle any that apply:

Vegetarian, Vegan, Gluten Free, Dairy Free, Other_____

We may print Sahavas T-shirts, what is your T-shirt size?

_____

What is your gender identity? _____

What are your preferred pronouns? _____

PARTICIPATION AGREEMENT: I have read the Youth Sahavas rules and guidelines and I understand that attendance at the Youth Sahavas requires my participation in the entire Sahavas program, in full cooperation with the Sahavas staff, and abiding by all rules and guidelines stated.

_____

SIGNATURE OF PARTICIPANT

REGISTRATION INFORMATION REQUIRED FROM PARENT(S) OR GUARDIAN(S):

In case we need you, please specify your name, address and phone numbers and any other contact information_____

_____

_____

Please specify the names, addresses and phone numbers of two other contact numbers in case we are unable to reach you _____

_____

Please specify any allergies to medications, food or other_____

_____

_____

Please provide a list of all prescribed medications your child is currently taking

_____

_____

I grant permission for my child _____ to participate in any and all activities scheduled at Avatar's Abode during Youth Sahavas, **8-11 January, 2027**. I agree to release and hold Avatar's Abode harmless from any and all liability in the event of an accident. In addition, I grant Youth Sahavas Staff at Avatar's Abode permission to act in whatever way necessary to care for my child in case of an emergency, including permission for my child to receive medical treatment.

_____

NAME & SIGNATURE OF PARENT/GUARDIAN DATE

Please specify any special needs your child may have that we should be aware of (medical, dietary etc) and any pertinent medical or mental health history (including depression, eating disorder, social anxiety, substance abuse treatment, etc).

Any questions, please email us at AusYouthSahavas@gmail.com or call one of the organising team:

- **Sage Beame** 0401 456 839
- **Angela Newcomb** 0422 028 704
- **Lila Isaacs** 0479 099 731

Any information provided will be **confidential.**

COST DETAILS:

There is always a cost to running any event at Avatar's Abode, and Avatar's Abode itself also runs primarily on the support of donations.

The suggested donation would therefore be $350 per participant, however we also would like all who would like to attend to be able to attend, and understand that for families with more than one child attending, it can be costly.

Please contact us and we will be happy to work with you on whatever your family can afford- including a lower donation or scholarship.

If you are in a position to make any additional donation, it would be greatly appreciated.

A donation of $350 is required per participant to help cover the cost of food and supplies. Please transfer this amount with the reference **Youth Sahavas** and **your Family name**, to the Avatar's Abode Trust bank account.

Account Name:
Avatar's Abode Trust P/L
Friends Account

BSB: 064 424
Account No: 10373465.