**Ruhi Institute Intensive Training**

*Developing capacity to build vibrant communities*

**Registration Form**

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| Sponsoring Bahá’í Institution: Training Institute Board for…Organiser(s): [NAME] (insert contact mobile) |
| **Date:** Insert Dates**Arrival time:** Insert Time and Date**Departure time:** Insert Time and Date |
| **Venue:** Insert Venue |
| **About the program:** The training courses offered by the Ruhi Institute draw on the Baha’i teachings, and are created based on the experience of the worldwide Baha’i community in building more vibrant communities and addressing the spiritual and material needs of humanity. Each course equips the participant with the relevant knowledge, spiritual qualities, attitudes and skills to engage in different community endeavours and carry out various acts of service. The courses, therefore, pursue a two-fold purpose, implying that attending to “one’s own spiritual and intellectual growth” in turn can “contribute to the transformation of society”. 1The courses are offered with the support and supervision of trained facilitators and friends with more life experience. The organisers and tutors, all have an up-to-date Working With Children Checks. |
| **Items to bring:*** Bedding (blanket, pillow, linen, etc)
* Toiletries (toothbrush, toothpaste, shampoo, conditioner, bodywash, towel, deodorant, hair/skincare products, etc)
* Sunscreen
* Clothing to suit the weather conditions
* Shoes (closed shoes such as sneakers and also sandals or slides)
* Medication (if needed). Please write the name of the medication on the registration form with appropriate instructions
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| **Contributions:** The cost of running the camp for 3 days is **$30 per person**. Any contribution towards the cost is appreciated. For more information, please speak to the person who is extending you the invitation to this camp. |

1 Reflections on the life of the spirit (Book 1), *Ruhi Institute*, p. v.

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| **Participant’s information:**Name: Date of birth: Contact number:Address: |
| **Parent/Guardian information**Name:Contact number:Alternative contact number: |
| **Medical information and allergies:**Medical conditions or special needs of the participant:Medications currently taken (and when, if based on a regular schedule):Allergies (food, plants, insects, medications): |
| **Emergency contact:**Name: Relationship: Contact number:  |

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| **Acknowledgement and Consent**1. I/we have granted our child as named in the Participant information table (“the Participant”) permission to participate in the program specified above at the Venue detailed above.
2. I/we acknowledge that the rules and policies for the training, with which I am familiar, apply at all times while the Participant is at the Venue, and that any breach of those rules by the Participant may result in the Participant’s early return to my care
3. I/we understand that the Participant will not be permitted to leave the Venue, to visit or travel with other persons, unless permission is obtained prior to the commencement of the training from parent/guardian..
4. In the event of an emergency, I/we hereby give permission to the National Spiritual Assembly of the Baháʼís of Australia Inc. and its representatives, including the organisers of the training to seek or provide medical treatment for the Participant. I/we understand that every effort will be made to contact me/us in such an event and agree to meet the costs of any medical treatment incurred for the Participant and/or indemnify the National Spiritual Assembly for any such costs of expenses it may incur in procuring medical assistance.
5. My child has the following special medical needs and/or allergies:

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2. I /we understand and agree that the facilitators take no responsibility for any damage or loss of the Participant’s property during the class, and I/we agree to indemnity the National Spiritual Assembly of the Baháʼís of Australia Inc and any other relevant persons or related entity against any such loss
3. I /we grant permission to the organisers to make arrangements necessary for the transport of the Participant to and from the Venue and for the activities during the training period, which may include travelling to different suburbs or close-by regional towns.
4. Regarding the permission for the Participants photograph or electronic image to be taken during the class and used for promotional material and newsletters I acknowledge that the organisers will have the right to edit and delete material from the Photographs, change the sequence of the Photographs and make any changes to the Photographs that they wish in their entire discretion. I acknowledge that in providing consent, I/we acknowledge that the organisers own all rights (including copyright) in the Photographs, the organisers are not obliged to use the Photographs; and any use you make of the Photographs is an unauthorised use.

Given the aforementioned, I/we: (please choose)* **I give permission**
* **I do not give permission**

**Consent and signature**Name of participant: Signature: Name of Parent/Guardian (for under 18 participants):Signature: |