



SRI VENKATESWARA TEMPLE

Mailing Address: 1230 McCully Dr., Pittsburgh, PA 15235
Phone: 412-373-3380 Fax: 412-373-7650 Email: svivaru@svtemple.org

Name of the Emergency Contact (Other than Parents/Guardian):

First Name _____ Last Name _____

Phone # of Emergency Contact: _____

The registration deadline is June 20, 2026, with a registration fee of \$350 per registrant. The fee covers boarding, lodging, educational sessions and use of recreational facilities during the stay at the camp. If more than one participant is attending the camp from same family, then 2nd participant onwards will be eligible for a discount of \$25.

Please calculate the total registration fee payable by using the following table:

Registration deadline date	Fee per Registrant	Number of Registrants	Total Amount (Fee per Registrant x Number of Registrants)
On or before June 20, 2026	\$350		

Full registration fee must be submitted along with the registration form. Following options are available for making the payment.

1. Pay by Check - Please make the check payable to S.V. Temple for the amount calculated in the above "Total Amount" column.
2. Pay In-Person or Contact SV Temple Front Desk

Completed forms can be submitted electronically (youth@svtemple.org) or at the temple office in person or mailed to the following address:

S.V. Temple - Youth Summer Camp
1230 McCully Dr.,
Pittsburgh, PA 15235-0280.

If your child is unable to participate in the camp for any reason, the deadline to withdraw the application with full refund of the registration fee is June 30, 2026.

If you have any questions related to the camp or registration, please contact:

S.V. Temple – IYO: youth@svtemple.org or

Gopal Krishnamoorthy
(Chairperson – Youth Committee) youth@svtemple.org



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Medical Insurance Information: Please attach a photocopy of valid insurance and pharmacy cards (front and back) to this form.

Medical Insurance Provider	Identification #: Group #:
Address and Phone # of the Insurance company	
Name of the Policy Holder (First Name, Last Name)	Prescription Card #:

Medical History: Please provide campers medical history below:

<input type="checkbox"/> Diabetes	Migraines/Headaches <input type="checkbox"/>	Asthma (carries inhaler <input type="checkbox"/>)
<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Hemophilia/blood disorder	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Seizures/fainting	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Eczema/skin disorder
<input type="checkbox"/> Neurological disorders	<input type="checkbox"/> Other (Please list)	

Adverse Reactions and Allergies:

Do not give my child the following medications under any circumstances. List these:	
Allergies to medications, food, insect bites, etc. Please specify.	
Will the camper be carrying any medication for any reason?	Circle one: Yes No
If yes, please specify the medication:	
Has he/she had tetanus shot within the last five years? If yes, please specify the date:	Circle one: Yes No
Name of the family Physician: Phone:	

Parent/Guardian Signature _____ Date _____



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Witness #1 (Signature) _____ Date _____

Witness #1 (Print full name) _____

Witness #1 Address _____

Witness #2 (Signature) _____ Date _____

Witness #2 (Print full name) _____

Witness #2 Address _____



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S.V. Temple - Youth Summer Camp

July 26 to July 31, 2026

PARENT VOLUNTEER SIGN-UP

We require two male volunteers; two female volunteers and one physician volunteer every night during the camp. We encourage parents to volunteer at the camp during the day. Parents may volunteer on any day (s) suitable to them.

Please note that all adult volunteers need to provide proof of background checks. However, the cost for background checks will be incurred by the Temple.

Are you willing to provide the needed information to Temple Operations Manager for obtaining the background check? Yes No

If you wish to volunteer, please complete the following information.

Name _____

Address _____

Telephone (H/W/M) _____

Email _____

Date(s) available: _____

Time of the day(s) available: _____



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July 26 to July 31, 2026

YOUTH CAMP GUIDELINES/ EXPECTATIONS (CAMPER COPY)

The following guidelines have been designed to help achieve an enjoyable camp stay. We expect that at all times, each participant will show courtesy and consideration for all others in the group, and will adhere to the expectations. With mutual respect and understanding, our camp will be successful.

1. NO SMOKING, ALCOHOLIC BEVERAGES, OR DRUGS at any time.
2. Use of any electronic device such as laptops is strictly prohibited.
3. Campers and counselors may not leave the campsite at any time without the knowledge and consent of his/her chaperone.
4. Campers and counselors will not entertain visitors at the camp without prior knowledge and consent of his/her chaperones.
5. A curfew will be in effect at the camp from 10:30 PM to 5:30 AM. During curfew hours use of electronic devices such as cell phones and or iPods is strictly prohibited. This is to ensure that all campers and adult supervisors have good night's sleep.
6. Campers and counselors must stay in their assigned room after curfew. Room checks will be made by chaperones.
7. Campers and counselors may not enter the floor or the room of the opposite sex at any time for any reason. This will be considered as a serious offence.
8. Any room found damaged in any way will be the responsibility of all members sharing the room. This includes items found missing.
9. Campers and counselors are expected to wear proper attire during the camp. Camp Director has the authority to decide the appropriateness.
 For girls: No tight Tees or too short (in terms of length) shorts
 For Boys: No low riding pants
10. Campers and counselors will not be permitted to leave the camp until Friday July 31, 2026. 11. It is expected that all campers will adhere to the safety rules as defined by Slippery Rock.
12. Use of cell phones during prayers, class hours and bhajans is strictly prohibited.

IT SHOULD BE UNDERSTOOD THAT WE HAVE A ZERO TOLERANCE POLICY. IF A MEMBER DISREGARDS ANY OF THE CAMP EXPECTATIONS/ GUIDELINES, HE/SHE MAY BE SENT HOME, AT THE EXPENSE OF PARENT/GUARDIAN. A CAMPER WITH A DISCIPLINARY RECORD AT THE CAMP WILL NOT PERMITTED IN FUTURE TEMPLE CAMPS AND WILL NOT BE ALLOWED TO HOLD OFFICER POSITION IN IYO.

Camper Signature Camper _____ Date _____

Name (Print) _____

Parent/Guardian Signature _____ Date _____



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Important information to be made available shortly

- Safety and behavior rules from Slippery Rock University
- Any additional waivers
- Daily Schedule of events