

How to Register?

To register for Youth Sahavas 2024, participants and parents must complete a registration form and pay the Sahavas fee in full: \$300 for each participant. (If you have difficulty sending in the entire registration fee, please call the Gateway: 843- 272-5777). Scholarships are available upon request and can include the Center fees and possibly travel.

Print out and sign your completed form(s) and mail a check or money order made out to Meher Spiritual Center, with memo line: "Youth Sahavas registration for participant name(s)."

Mailing Address:

Meher Spiritual Center
Attn. Youth Sahavas
10200 North Kings Highway
Myrtle Beach, SC 29572

Alternatively, you can email us your completed and signed form to: gateway@mehercenter.org. Then call the Gateway during business hours with a credit card: 843-272-5777, 9-5 p.m., 7 days a week.

Please send your registration form and payment as soon as possible! As space may be limited, registrations will be accepted on a first-come, first-served basis.

Registration Deadline: May 15, 2024.

Youth Sahavas 2024 Registration Form

Registration Deadline: May 15, 2024

Please note: If you are filling out this form on your computer, DOWNLOAD the PDF before filling it out otherwise you won't be able to save your answers!

Part 1: To be filled out by the participant

Name: _____

Date of Birth: _____ Gender: _____

Grade going into: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone—Home: _____ Mobile: _____

Email: _____

Have you ever been to the Meher Center for an overnight stay? Yes ___ No ___

If not, please tell us more about how you heard of Meher Baba and why you want to come to the Youth Sahavas:

Have you attended the Youth Sahavas before? _____

Briefly tell us about yourself-personality, interests, etc;

Would you like to share a cabin with anyone in particular? (no guarantees!)

Do you have any dietary needs we should be aware of? (vegetarian, vegan, gluten-free, etc.): _____

What is your T-Shirt size? (Adult sizes): _____

Part 2: To be filled out by parents or guardians

1. Parent Name (or Guardian): _____

Address: _____

Mobile Telephone: _____

Email: _____

2. Parent Name (or Guardian): _____

Address: _____

Mobile Telephone: _____

Email: _____

We will need two additional emergency contacts, should we be unable to reach either parents or guardians:

1. Name: _____

Mobile Number: _____

2. Name: _____

Mobile Number: _____

Medical information about your child: Please note that medical information will remain confidential, only to be shared with the Youth Chavas committee and relevant Youth Sahavas staff such as your child's counselor or our Kitchen team.

Please specify insurance information we may need in case of emergency:

Date of last tetanus shot: _____

Does your child have any allergies to medications or food (please describe severity):

Does your child have any medical condition that might affect his/her stay at Youth Sahavas? Please specify any 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 disorders, substance abuse treatment, etc.). For any questions, please contact Buz Connor (buzconnor@mehercenter.org) or Linda Hansen (linjhansen@gmail.com) or call Barbara Plews at (843-902-7757).

List of all medications your child is currently taking daily, including over-the-counter medication for symptom management:

Please read carefully and sign the following agreement:

I grant permission for my child, _____, to participate in any and all activities scheduled at Meher Spiritual Center during Youth Sahavas 2024, July 23-July 28, 2024.

On behalf of myself, my child and any legal representatives, heirs and assigns, I agree to release and hold harmless Meher Spiritual Center, Inc., its officers, directors, staff, volunteers, agents and representatives from all liability in the event of any injury or illness that my child may suffer, any loss or damages to his/her personal property, or any other conditions that may occur during, or as a direct or indirect result of, my child's participation in Youth Sahavas 2023, including but not limited to, all of its programs, workshops, discussion groups, and recreational activities. In accordance, I waive my right to pursue legal action against Meher Spiritual Center, Inc., its officers, directors, staff, volunteers, agents and representatives.

I fully understand the risks associated with my child's participation in all aspects of Youth Sahavas 2024, and assume any risk associated with its programming, protocols, and management. I agree to indemnify Meher Spiritual Center Inc., its officers, directors, staff, volunteers, agents and representatives from any loss, liability, damage or cost that may be incurred due to my child's participation in Youth Sahavas 2024. However, nothing in this release shall be construed as a release for conduct that is found to constitute gross negligence or willful misconduct. The parties to this agreement hereby agree that the interpretation and enforceability of this Release shall be governed by the laws of the State of South Carolina.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. In addition, I grant Meher Spiritual Center, Inc. permission to act in whatever way necessary to care for my child in case of emergency or illness, including permission for my child to receive medical treatment.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

(Signature of Parent/Guardian)