

## How to Register?

To register for Youth Sahavas 2025, 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 for Center fees and travel.

Please complete a form for each participant 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 a.m. - 5 p.m., 7 days a week.

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

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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, 2025. [Contact the Gateway if you need an extension.]

# Youth Sahavas 2025 Registration Form

Will you be needing a scholarship? Please don't hesitate to let us know if you need assistance with travel and/or the event fee.

☐ Yes, please let me know about a scholarship.

## 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:

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Have you attended the Youth Sahavas before? \_\_\_\_\_

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

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

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

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

How do you plan to travel to and from the Center? [we will follow up with a Travel Form for more details closer to the Sahavas.]

- ☐ Driving myself
- ☐ Parent is driving me
- ☐ Flying to Myrtle Beach Airport and will need the Sahavas ride service
- ☐ Other: \_\_\_\_\_
- ☐ Not sure yet.

## 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 Sahavas 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:

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Date of last tetanus shot: \_\_\_\_\_

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

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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)

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

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**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 2025 (July 22-July 27, 2025).

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 2025, 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 2025, 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 2025. 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.

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(Signature of Parent/Guardian)