

Buddha's Light Children Summer Camp Registration Form

佛光兒童夏令營報名表

日期(Date): _____

中文姓名： Chinese name:		英文姓名： English name:	T恤尺寸/size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
性別： Gender: <input type="checkbox"/> 男 <input type="checkbox"/> 女 Male Female	出生日期： Date of Birth: / /	年齡 Age: (參與此夏令營的小孩必須會自己洗澡 <i>It is a requirement that children can take a shower on their own.</i>)	
父親姓名 Father's Name: 母親姓名 Mother's Name:		電話 _____	
地址： Address: _____ Street City State Zip Code		(H) - (O) - (C) -	Email: _____
Proficient languages : <input type="checkbox"/> Chinese <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Spanish <input type="checkbox"/> Taiwanese			
身體狀況(有服用任何藥物嗎?): Medication Allergies:		請自帶睡袋和枕頭 Please bring your own sleeping bag/pillow	

佛光兒童夏令營具結書

Authorization for Participation in Children Summer Camp and Waiver of Claims

我〈您的全名〉_____在此同意〈孩子姓名〉_____參加從 6/15 到 6/16 西方寺主辦的佛光兒童夏令營。如果孩子在夏令營活動期間受傷、發生意外、生病或死亡，我同意承擔所有醫療和其它費用，不會要求西方寺、承辦單位及其工作人員做任何賠償，並放棄所有法律訴訟權。

I, (your full name in print) _____, hereby request that (Children name) _____ be permitted to participate in the Children Summer Camp held from 6/15 to 6/16 by Fo Guang Shan Hsi Fang Temple - San Diego Buddhist Association. I will not hold S.D.B.A., the staff members of S.D.B.A. and the camp to be responsible for any medical aid rendered, and will reimburse S.D.B.A. for any and all hospital, medical and other expenses incurred in its care. I am hereby waiving all claims against S.D.B.A. for injury, accident, illness or death occurring during the scheduled event(s). I give SDBA my permission to take and use photographs of this minor for temple use. Photos of my child **may** _____ **may not** _____ be used for publicity for our temple. (Initial: _____) It is your responsibility to keep the information on this form current.

父母或監護人簽名 Signature of Parent / Guardian: _____

緊急連絡人 Emergency Contact: _____ 關係 Relationship: _____

電話 Phone: (H) _____ (O or C) _____ 日期 Date: _____ D _____ M _____ Y

FOR OFFICE USE ONLY: \$

Cash CK#

Date: