



2019 DDM Family Fun Day Camp Application Form

法鼓山心靈環保親子體驗營報名表

Receive Date: _____

No. _____

* Your registration might not be qualified if the participant has the following:

1. Has an active infectious disease 2. Show unwillingness to participate 3. Need to be special care of

歡迎您有意願參加我們的營隊。但若有以下情況，報名可能不被接受：

1. 有活躍性傳染病 2. 孩子本人無意願參加 3. 需要專人特別照顧

Parent's Name 父母姓名 <i>(only the one(s) who will attend the program)</i> <i>(只需參加營隊的父母)</i>	(English 英文) _____ (Chinese, if any 中文) _____ Relationship with child(ren): 與孩子的關係	Cell Phone #: 手機 _____ Level of English 英語水平: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 好 一般 差
Child's Name #1: 孩子 1	(English 英文) _____ (Chinese, if any 中文) _____ Gender Age 性別 年齡	Level of English 英語水平: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 好 一般 差
Child's Name #2: 孩子 2	(English 英文) _____ (Chinese, if any 中文) _____ Gender Age 性別 年齡	Level of English 英語水平: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 好 一般 差
Address: 住址		
Email: 電郵		

RELEASE OF LIABILITY AND EMERGENCY MEDICAL AUTHORIZATION

By undersigned, I hereby acknowledge me and my child(ren) above voluntarily participating in the 2019 DDM FAMILY FUN DAY CAMP and agree to assume any such risks of personal injury, death or property damage. I hereby release, discharge and agree not to sue Dharma Drum Mountain Los Angeles Center (DDMLAC)/DDMBA LA Foundation, and its employees, volunteers agents, affiliates, successors and assigns, on account of injury, death or damage to or loss of personal property arising out of, or in connection with, our participation in the 2019 DDM FAMILY FUN DAY CAMP, from whatever cause, including the active or passive negligence of any of the above parties or any participants in the class. In consideration for being permitted to participate in the class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless any of the above parties or any participants in the class from any and all claims, demands actions or suits arising out of or in connections with our participation in the class

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGNING IT ON MY OWN FREE WILL.

Emergency Medical Authorization: In case of emergency and if I/we cannot be reached, I the undersigned parent or guardian of the participants above, do hereby authorize a representative of Dharma Drum Mountain Los Angeles Center/DDMBA LA Foundation and/or alternates listed below to act as agent(s) to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by a licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of DDMLAC/DDMBA LA Foundation to give consent for such treatment as the physician may deem advisable. This authorization is effective only during the 2019 DDM FAMILY FUN SUMMER CAMP.

Attendee Parent's Signature:

參加者父母簽名

Date

日期

Emergency Contact 緊急聯繫人	Contact Name: 聯繫人姓名	Relationship: 關係
	Phone: 電話	

Special Note/Medical Information (Allergy, medication, etc.)

附註事項 / 健康狀況 (過敏, 藥物等)

Source to obtain the summer camp Information 如何獲得本營隊信息	<input type="checkbox"/> Website 網站訊息	<input type="checkbox"/> Email 電郵通知	<input type="checkbox"/> Relatives & friends 親友
	<input type="checkbox"/> Newspaper 報紙媒體	<input type="checkbox"/> Radio Ad 電台廣告	<input type="checkbox"/> Event flyer 海報傳單
	<input type="checkbox"/> Others 其他 _____		

Publicity Wavier : DDMLAC/DDMBA LA Foundation members, officers and/or their representatives may occasionally take photographs or film your child(ren) in any DDMLAC/DDMBA LA Foundation program for publicity and informational purposes. These photos or films will only be used in DDMLAC/DDMBA LA Foundation publicity materials, including but not limited to, articles in newsletters, brochures and public service announcements. If permission is granted, please sign below.

Parent's Signature:

家長簽名

Date

日期

OFFICE USE ONLY :

Payment Received \$ _____

 Cash Check No. _____

Group No.

