

佛光兒童夏令營報名表

Buddha's Light Children Summer Camp Registration Form

Duration: 6/20/19 - 6/23/19

Age: 7 - 12

中文姓名： Chinese name:		英文姓名： English name:	
性別： Gender: Male Female	<input type="checkbox"/> 男 <input type="checkbox"/> 女	出生日期： Date of Birth: mm/ dd/ yy	年齡： Age:
父親姓名 Father's Name： 母親姓名 Mother's Name：		電話 TEL (H) (C)	
地址： Street _____ City _____ Address: _____ State _____ Zip Code _____		掛單 Stay In Temple <input type="checkbox"/> 住家 Stay At Home <input type="checkbox"/>	
中文程度： Level of English: <input type="checkbox"/> None <input type="checkbox"/> Listen <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			T 恤尺寸/size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
身體狀況(有服用任何藥物嗎?): Special medical condition (Allergic):			

佛光兒童夏令營具結書

Authorization for Participation in Children Summer Camp and Waiver of Claims

本人同意〈小孩姓名〉_____，於佛光兒童夏令營期間遵守紀律，如有發生意外，本人願意負擔一切責任。主辦單位及服務人員不負責擔任何意外及傷害責任。

I hereby request that (Children Name) _____ be permitted to participate in the Children Summer Camp held from **6/20/2019** to **6/23/2019**, by the International Buddhist Progress Society (I.B.P.S.) at Fremont Temple.

I, (please print your full name) _____, hereby will not hold I.B.P.S., its directors, officers, instructors, staff members, or group leaders responsible for medical aid rendered, and will reimburse I.B.P.S. any and all hospital, medical and other expenses incurred in his/her care. I am hereby waiving all claims against I.B.P.S. for injury, accident, illness or death occurring during the scheduled event(s).

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) _____ (C) _____ 日期 Date: _____

FOR OFFICE USE ONLY: \$ _____ Cash CK# _____ Date: _____