

發一崇德洛杉磯道場 小天使春令營

報名表 (Registration Form)

英文名/First Name:	英文姓/Last Name:	中文名字/Chinese Name:
性別/Gender: [] M [] F	年級/Grade:	年齡/Age:
e-mail/電子郵件:		家長電話/Parent's Phone#:
緊急聯絡人、關係/Emergency Contact, Relationship:		緊急聯絡人電話/Emergency Contact Phone#:
住址/Address:		佛堂/Temple:
T-恤衫尺寸/T-Shirt Size (小孩尺寸/Kids Size): [] S [] M [] L [] XL		道親/Tao Member? [] Yes [] No
任何過敏或須注意事項/Any allergy or things to be aware:		\$30費用/Fee : [] Yes [] No
		同意書/Waiver: [] Yes [] No

Authorization for Emergency / Medical Care and Claim Waiver (免責同意書)

I _____ (Print Parent's Name) request that the applicant _____ (Print Applicant's Name) (**Applicant**) be permitted to participate in the **2024 Little Angel Spring Camp** (小天使春令營), from 3/16/2024 to 3/17/2024, sponsored by Los Angeles Chong De Culture and Education Foundation and its related Los Angeles Tao Community (**LATC**). Applicant is in adequate physical condition to participate in all camp activities. Should Applicant become ill or injured during the event, he/she may receive first aid or medical attention as LATC deems necessary, or be admitted to a hospital in case of an emergency. This authorization remains effective for the event and time period specified above.

I will not hold LATC or its directors, officers, teachers, volunteers and helpers liable for any and all claims related to the above-referenced event and/or medical aid rendered. I understand participating in this event is voluntary, and Applicant has my permission to participate in it. I also understand that there are certain risks involved in this event, including, but not limited to, accidents, injuries, illness or death while traveling to and from the event, and/or in the course of the event, and/or the potential for property damage and/or loss. I will reimburse LATC for medical or other expenses incurred in care of the Applicant.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____