

# 2017 崇德青年禪定體驗營

## Chong De Youth Meditation Camp

### 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	年齡/Age:	學校 & 年級/School & Grade:
e-mail/電子郵件:		電話/Phone:
緊急聯絡人、關係、電話/Emergency Contact, Relationship, Phone #:		佛堂/Temple:
住址/Address:		中文/Chinese? [ ] Yes [ ] No 英文/English? [ ] Yes [ ] No
T-恤衫尺寸/T-Shirt Size: [ ] S [ ] M [ ] L [ ] XL	\$20 費用/ Fee? [ ] Yes [ ] No	道親/Tao Member? [ ] Yes [ ] No
已有深藍 "Tao Life" T-恤衫? Have green "Tao Life" T-shirts? [ ] Yes [ ] No	同意書/Waiver: [ ] Yes [ ] No	任何過敏或須注意事項/Any allergy or things to be aware:

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

I \_\_\_\_\_ (Print Parent's Name if Applicant is under 18 years old) request that the applicant \_\_\_\_\_ (Print Applicant's Name) (**Applicant**) be permitted to participate in the **2017 Chong De Youth Meditation Camp** (from 7/15/2017 to 7/16/2017) sponsored by Kuang Ming Saint Tao Temple and its related Los Angeles Tao Community (**LATC**). Applicant is in adequate physical condition to participate in all summer camp activities. Should Applicant becomes 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: \_\_\_\_\_

(Sign if Applicant is under 18 years old)