

**2017 佛光兒童夏令營**  
**Buddha's Light International Association (Dallas)**  
**Buddha's Light Youth Camp Application Form**  
**6/2 – 6/4 (Friday - Sunday)**

中文姓名(Chinese Name)	年齡(Age)	性別(Sex)
英文姓名(English Name)	出生日期(Birthday)	
通訊處(Address)		
電子郵件(Email Address)		
家長/監護人姓名(Parent/Guardian Name)	電話(Phone): (H) (C)	
制服大小(Shirt Size)      特大Adult M ( ) 大Adult S/Youth L ( ) 中Youth M ( ) 小Youth S ( )		
緊急連絡人，如家長不在。(Emergency Contact)		
姓名(Name)	電話(Phone)	關係(Relationship)
醫療保險Medical Insurance: 保險公司(Insurance Co.)		保險卡號碼(Insurance#)
過敏 Allergy	對何種藥物/食物(Medicine/Food)	
您如何得知此夏令營: How did you hear about us? 海報Poster ( )                      報紙廣告Newspaper/Newsletter ( ) 親友Family/Friends ( )              其它Other: _____ ( )		
有關您小孩的相關注意事項(Any other information we should know about your child/children):		
若家長欲在夏令營當義工，請在此簽名_____，並請填寫義工表。 Please initial if the parent would like to help volunteer during the camp: _____ <u>(please pick up volunteer forms when you are turning in your child's registration forms)</u>		
繳費記錄(Payment): 營區費用(Camp fee):		支票號碼(Check #): _____
<input type="checkbox"/> 家長為佛光會會員(BLIA Member)-\$90 <input type="checkbox"/> 家長非會員(Non-Member)-\$110 <input type="checkbox"/> 同一家庭第二子女折扣(second family member discount)-10% off		
支票抬頭請寫Please make checks payable to B.L.I.A.		付款(Total): \$ _____ 簽收(Received By): _____

報名截止日期(Deadline): 5/14/2017

備註(Notice): 請詳細填寫此份報名表。The application form must be completed fully  
 Contact: IBPS Dallas – 972-907-0588

請看後頁    Next Page

**2017 Buddha's Light Youth Camp: Exploring "Karma"**  
**Consent and Release**

**I CERTIFY AND ACKNOWLEDGE** as the parent/guardian of \_\_\_\_\_(camper's name) **THAT I** have the opportunity to fully read the Camp Rules of **Buddha's Light International Association** (hereinafter to as **BLIA**) **2017 Karma Buddha's Light Youth Camp, I HEREBY AGREE TO** give permission for my child to participate in all of the activities and abide by the said rules. As the parent/guardian of my child, **I AM FULLY AWARE OF** its costs, risks, obligations, procedures, benefits and consequences.

**I AUTHORIZE** the staff and/or agents of **BLIA** to provide, obtain, designate, or authorize any reasonable and necessary medical treatment and/or emergency care for my child, in the event of my child's illness, injury or incapacity. **I AGREE TO** release and forever discharge indemnify and hold harmless the **Buddha's Light International Association (BLIA)**, and its staff and/or agents from any claim by myself or my family members arising out of said illness, injury or incapacity.

**I UNDERSTAND THAT I** will be responsible for any and all charges or fees for the medical treatment, provide either at the **International Buddhist Progress Society/Buddha's Light International Association** or at any other medical facilities, deemed reasonable and necessary by the staff and/or agents of the camp. My medical insurance company is: \_\_\_\_\_,

And my policy number: \_\_\_\_\_.

**BY PLACING MY SIGNATURE BELOW, I HEREBY IRREVOCABLY COVENANT, PROMISE AND AGREE TO** release and forever discharge, indemnify and hold harmless the **BLIA/IBPS/BLIAYAD**, any affiliated entities, and all of its officers, directors, members, employee, agents, volunteers, and/or servants from and against any and all losses, claims, expenses, suits, cost, demands, damages or liabilities, joint or several, or whatever kind or nature arising out of or in connection with my attendance and participation in the camp.

BY: Parent/Guardian \_\_\_\_\_ Camper \_\_\_\_\_  
SIGNED AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017.