



2019 USA Summer Youth Meditation Camp (Beginner)
2019 美國南加州暑期青少年禪修體驗營 (初級)
Application Form 報名表

Chinese Name: 中文名字 _____ English Name: 英文名字 _____

Date of Birth: 生日 _____ Age: 年齡 _____

Gender: 性別 Male 男 Female 女

Name of School: 學校名字 _____ Grade: 年級 _____

Size of T-shirt for your child: 衣服尺寸

Youth 小孩尺寸: Small 小 Medium 中 Large 大 Extra Large 超大
Adult 成人尺寸: Small 小 Medium 中 Large 大 Extra Large 超大

Child Body Height: 身高 _____ Child Body Weight: 體重 _____

Father's Name: 父親姓名 _____ Mother's Name: 母親姓名 _____

Parents Email: 家長電子信箱 _____

Emergency Contact: 緊急聯絡人 _____ Cell phone 手機 _____

Home Language: 家中習慣用何種語言溝通:

English 英文 Cantonese 廣東話 Mandarin 中文
 Other (Please specify) 其他 _____

What's your Chinese level? 您的孩子的中文程度?

I don't know any Chinese. 完全不會
 Beginner: Basic speaking & listening only, can communicate with others in basic Chinese. 會一點聽說溝通程度

- Intermediate: Can speak, listen and read some Chinese. 會基礎以上的說及讀
- Intermediate to advanced: Can read Chinese newspaper. 可以看中文報紙的程度

What's the motivation for you to attend the camp? 為何想參加此次禪修營的動機?

Have you participated in any temple's youth program?
有參與過任何本寺及其他寺院辦的青少年活動?

Have you learned Meditation or Mindfulness training before ?你曾經學習過禪修嗎?

How long do you think you can meditate quietly and still? 你通常可以靜坐多長時間?

- Five minutes 五分鐘
- Ten minutes 十分鐘
- Fifteen minutes 十五分鐘
- Twenty minutes or more 二十分鐘以上

Camp Deposit : US \$100 per person。Once completed the camp, we will refund you at the end of camp
營隊訂金：每人美元100元。營隊結束之後，此訂金退還給家長

Special Needs for the youth participant: 你的孩子的特別需求：

Special Diet: All meals in the camp are vegetarian meals. 全程素食

I am allergic to 你的孩子會對食物過敏嗎？ Yes 會 _____ No 不會

Other restrictions 其他會過敏食物或東西： _____

Physical Condition 你的孩子身體情況:

- Normal 正常
- Asthma 氣喘
- Handicapped 殘障
- Heart issues 心臟病
- ADHD 多動症
- Other 其他 _____

Special Medication 特別藥物:

No 沒有

Yes. 有 Please specify 請具體寫出用藥 _____

Authorization for Emergency/Medical Care and Liability Claim Waiver (English ONLY)

I, _____ (Print Parents Legal Name), request that the above-mentioned applicant be permitted to participate in the summer camp at Pao Fa Temple (PFT) from 7/5/2019 to 7/7/2019. He/She is in excellent physical condition. Should he/she become ill or injured at the camp, may receive necessary first aid or medical attention by a licensed physician or nurse, or be admitted to a hospital in case of an emergency. This authorization is given pursuant to Section 25.8 of Civil Code of California and remains effective only for the event and time period specified above.

I will not hold PFT and/or its officers, teachers, and helpers liable for the above activity and medical aid rendered. I also understand that there will be outdoor activities for the participants to learn about nature,

teamwork, etc. The camp personnel will supervise these activities. I understand these activities are voluntary and he/she has my permission to participate whole camp.

Family Doctor's Name: _____ Telephone No: _____

Parent/Guardian _____ (Print the name)

Signature _____ Cell phone # _____

Total 3 pages, once you complete this application form and sign, please email to paofacamps@gmail.com to register.

填寫此報名表之後, 請寄到電子信箱 paofacamps@gmail.com 報名或至寺院直接報名

Official Use Only :

Date Received: / /2019 AM or PM Check # _____ Received by :

Other Notes :

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