



# 大悲菩提寺

Great Compassion  
Bodhi Prajna Temple

## 2020 the 1<sup>st</sup> Winter Youth Meditation Camp Application Form

English Name		Chinese Name	
Date of Birth	Year      Month      Day	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Day School		Day School Grade	
Care card NO.		Parents e-mail	
Home Tel. No.	(      )      -	Cell phone Number	(      )      -
Home address	Street:		Apt.:
	City:		Postal Code:
Father's English Name		Mother's English Name	
Father's Chinese Name		Mother's Chinese Name	
Emergency Contact		Emergency Contact phone#	
Home Language	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other (Please specify)		
Referral (介紹人)			
What's your Chinese level?	<input type="checkbox"/> I don't know any Chinese. <input type="checkbox"/> Beginner: Basic speaking & listening only, can communicate with others in basic Chinese. <input type="checkbox"/> Intermediate: Can speak, listen and read some Chinese. <input type="checkbox"/> Intermediate to advanced: Can read Chinese newspaper.		
Have you participated in Youth Meditation camp before? If yes, what year and what			





大悲菩提寺

Great Compassion  
Bodhi Prajna Temple

## Liability and Waiver and Medical Consent Form

My child, (name) \_\_\_\_\_, has my permission to participate in the Great Compassion Bodhi Prajna Temple's Youth Meditation Camp:

Dates: 01/03/2020 – 01/04/2020

Location: 19 Hidden Forest Drive, Stouffville , ON L4A 1Z5 , CANADA

1. I hereby release the Great Compassion Bodhi Prajna Temple and its associates (masters, staff members, teachers, and volunteers) from any liability, medical arising from the participation of the above activity.
2. I understand that the Great Compassion Bodhi Prajna Temple is not obligated to provide medical insurance for the participants and liability of accident, if it is incurred. The parent/guardian is responsible for ensuring that the child has enough insurance coverage for any medical accident.
3. In case of an emergency where medical assistance is required, camp staff will notify the undersigned at the contact number below when seeking aid. If the parent/guardian cannot be reached or there is no immediate response within two minutes, an action will be taken by the camp staff. In such case I shall waive all liability and claim against the Great Compassion Bodhi Prajna Temple and its associates for their handling of the emergency situation.
4. **Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.** 假如發生意外事故而學校暫時聯絡不到您，請列出兩個可以代您關照並替您的小孩負責就醫的親戚或朋友。

1. **Name / 姓名 :** \_\_\_\_\_ **TEL** \_\_\_\_\_

2. **Name / 姓名 :** \_\_\_\_\_ **TEL** \_\_\_\_\_

3. **Doctor / 家庭醫生 :** \_\_\_\_\_ **TEL** \_\_\_\_\_

Should there be any changes in the above information, please inform Great Compassion Bodhi Prajna Temple immediately. If GCBP temple is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the students' parents. My permission is granted for Great Compassion Bodhi Prajna Temple to obtain necessary medical attention in case of sickness or injury.

I/We, the undersigned, do hereby release, and forever discharge Great Compassion Bodhi Prajna Temple from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in the event. We further accept financial and physical



# 大悲菩提寺

Great Compassion  
Bodhi Prajna Temple

responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Name of Parent or Legal Guardian: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



大悲菩提寺

Great Compassion  
Bodhi Prajna Temple

## Permission to Photograph / Videotape

I acknowledge that in connection with the activities of the Great Compassion Bodhi Prajna Temple Youth Meditation Camp, opportunities may occur that my child will be photographed and/or videotaped.

\_\_\_\_\_ I hereby give permission to the Great Compassion Bodhi Prajna Temple to photograph and/or videotape my child. I understand that this photograph and/or videotape or portions thereof may be used for the Great Compassion Bodhi Prajna Temple's records and promotions and not for commercial purposes. I agree to allow my child to participate in these activities without financial remuneration, and I understand that this releases the GCBP from any future claims, as well as from any liability, arising from the use of the said photograph and/or videotape.

\_\_\_\_\_  
Name of the Child

Name of Parent or Legal Guardian: \_\_\_\_\_  
(Please Print)

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_