



2006 Summer Camp at Pao Fa Temple in Irvine
2006 年寶法寺夏令營報名表

美西佛教總會
寶法寺

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<p>報名須知:</p> <ol style="list-style-type: none"> 1. 年齡僅限 9 — 14 歲。 2. 費用每人 \$50 含食宿、T恤一件。沒有夏令營環保餐具者，請先登記，於 6 月 30 日報到時當場購買。 3. 請勿攜帶現金、貴重物品或手機來營區。 4. 請自備睡袋、盥洗用具、球鞋及帽子。 5. 活動期間謝絕家長造訪。歡迎家長參加： 7 月 2 日 5:00-7:00 PM Potluck 7 月 2 日 6:30-7:00 PM 寶法寺巡禮 7 月 2 日 7:00-8:30 PM 才藝表演節目 6. 歡迎家長參加 7/2 晚之 Potluck。你欲準備之食物為 <input type="checkbox"/> 主食(菜色容後再定) <input type="checkbox"/> 點心 <input type="checkbox"/> 水果。 7. 環保餐具購買登記：(每套 \$10, 7/2 之晚餐歡迎家長亦使用環保餐具) 學員、家長共 _____ 套 8. 你有參加去年 (2005) 之寶法寺夏令營? <input type="checkbox"/> 是 <input type="checkbox"/> 否。 9. 你從何得知本夏令營之資訊? <input type="checkbox"/> 傳單 <input type="checkbox"/> 朋友 <input type="checkbox"/> 網站 <input type="checkbox"/> 寶法寺之常住師父 <input type="checkbox"/> 其他： 	<p>Instructions for Application:</p> <ol style="list-style-type: none"> 1. Age: 9 - 14. 2. Fee: \$50 per person. Includes T-shirt, room and board. Those who need reusable utensils can purchase at reception of June 30 for \$10 per set. 3. Participants shall not bring money, cell phones or valuables to the campsite. 4. Campers need to bring their own toiletries, sleeping bag and sneakers. 5. Parental visits during the camp are not recommended. Parents are invited to attend : 7/2/06 (Sunday) 5:00-7:00 PM Potluck, 6:30 - 7:00PM Temple Tour 7:00 - 8:30PM Talent Show 6. We'd love to have parents participate in the Potluck on 7/2. Please indicate which food item you'll bring: <input type="checkbox"/> Main dish (TBA) <input type="checkbox"/> Dessert <input type="checkbox"/> Fruit 7. Parents are welcome to use reusable utensils at Potluck. Please indicate how many sets you want to purchase, including camper. Total _____ sets 8. Did you attend the Camp in 2005? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. How did you learn about this Summer Camp? <input type="checkbox"/> Flyer <input type="checkbox"/> Friends <input type="checkbox"/> Website <input type="checkbox"/> Pao Fa Temple Dharma Master <input type="checkbox"/> Other:
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<p>家長願意協助營隊三餐食物分配服務?</p> <p><input type="checkbox"/> 是 <input type="checkbox"/> 否</p> <p><input type="checkbox"/> 7/1 <input type="checkbox"/> 7/2 <input type="checkbox"/> 早餐 <input type="checkbox"/> 午餐 <input type="checkbox"/> 晚餐</p> <p>學員 T-恤 <input type="checkbox"/> 特大 <input type="checkbox"/> 大 <input type="checkbox"/> 中 <input type="checkbox"/> 小</p>	<p>Would parents be interested in helping serving meals during camp?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> 7/1 <input type="checkbox"/> 7/2 <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner</p> <p>Applicant's T-Shirt Size <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S</p>
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App1. Chinese Name 學員中文姓名	App1. English Name 學員英文姓名	<input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)	出生日期 Date of Birth
Parent Chinese Name 家長中文姓名	Parent English Name 家長英文姓名	Telephone 聯絡電話	/ / 月 日 年
Address 住址		E-Mail 電子郵件	
Emergency Contact 緊急聯絡人	Relationship 關係	Telephone 聯絡電話	

<p>學員特別需求：</p> <p>飲食限制：營地每日三餐均提供素食。</p> <p><input type="checkbox"/> 對下列食物過敏 _____ <input type="checkbox"/> 其他(請說明)</p> <p>身體狀況：<input type="checkbox"/> 正常 <input type="checkbox"/> 氣喘 <input type="checkbox"/> 殘障 <input type="checkbox"/> 其他(請說明)</p> <p>服藥狀況：<input type="checkbox"/> 無特別需要 <input type="checkbox"/> 需隨時服用特定藥物(請說明)</p>	<p>Special Needs of the Participants:</p> <p>Special Diet: All meals in the camp are vegetarian meals. <input type="checkbox"/> I am allergic to _____ <input type="checkbox"/> Other restrictions: _____</p> <p>Physical: <input type="checkbox"/> Normal <input type="checkbox"/> Asthma <input type="checkbox"/> Handicapped <input type="checkbox"/> Other</p> <p>Special Medication: <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify _____</p>
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Authorization for Emergency/Medical Care and Claim Waiver

I, _____ (Print Parents Name), request that the above-mentioned applicant be permitted to participate in the summer camp at Pao Fa Temple (PFT) from 6/30/2006 to 7/2/2006. 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.

Family Doctor's Name: _____ Telephone No: _____

Parent/Guardian Signature: _____ Date: _____ Applicant Signature: _____ Date: _____

本欄由本寺填寫 (Official Use Only) :

收件時間：2006 年 月 日 AM/PM Check # _____ \$ _____ 經手人：_____