

Bodhi Youth of America

YOUTH APPLICATION

**The vision of the Bodhi Youth of America is
to provide a nourishing environment for young people to unfold their potential,
to live in harmony and build happy communities following the Bodhisattva path.**



Be a BYA Youth Member

As in a youth member — your child participation in BYA will result in
a fun, beneficial, and compassionate service to themselves, to their peers and our community.
Your encouragement and support of your child diligent participation in BYA educational programs
will help to make a significant impact to the young generations
Thank you for completing all items in this application.

THANK YOU FOR GIVING YOUR TIME TO MAKE A DIFFERENCE FOR THE YOUTH OF AMERICA.

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_____Member Responsibility: I/We understand that BYA is run entirely by volunteers and is a not for profit organization receiving no financial support from any government agencies. As such, all expenses to run this program are the result of the fees and fundraising efforts of its members. I/We recognize that all efforts required to operate and administer this program are the responsibility of its members and there are no positions that receive any compensation. Certain volunteer positions require a criminal background check, application or election.

_____ Refunds: I/We, as parent/guardian, understand that any fees paid are non-refundable except if withdrawal from the program occurs prior to the start of the program. Annual membership due and uniform purchase are non-refundable.

_____ Participant Consent: I/We understand that BYA may publish/provide information, including photographs of its participants, about its programs and services in many ways, including but not limited to press releases to the media, flyers, brochures, organization newsletters, web sites, and television appearances. When photographs are used, participant names will never be used in conjunction with said photograph without the expressed written consent of the participant's parent or legal guardian and explicated for the purpose stated for the communication.

_____ Assumption of Risk and Release of Liability: I/We understand that BYA project activities/events may involve certain risks of physical activity and possible injury and that BYA program will provide each participant with reasonable care, but that BYA cannot guarantee that my child will remain free of injury. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the BYA, the Board of Directors, BYA Chapters and their officers, employees and volunteers (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the BYA program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. I further understand that conditions exist that are beyond the control of the BYA, including but not limited to hazardous marine life, sudden change in weather conditions, and natural disasters.

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Registration fee \$

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Registration fee \$.			<input type="checkbox"/> Waived
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Program fee \$

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☐ One Time

☐ One Time


 Türkiye Cumhuriyeti
 Millî Eğitim Bakanlığı
 Türkiye Cumhuriyeti
 Millî Eğitim Bakanlığı

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Date _____

Date _____

☐ Monthly ☐ Quarterly ☐ Yearly ☐ Waived

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YOUTH MEMBER MEDICAL INFORMATION

First name (No initials or nicknames)	Middle name	Last name	Suffix
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
Country	Mailing address		City
<div style="border: 1px solid black; width: 100%; height: 1.2em; display: flex; justify-content: space-between; padding: 0 5px;">U S</div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>		<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
State	Zip code	Home phone	Date of birth (mm/dd/yyyy)
<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>	<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
			Gender
			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>
			Grade
			<div style="border: 1px solid black; width: 100%; height: 1.2em;"></div>

List any special medication condition of your child that we should be aware of or that might limit your child's participation in certain physical activities:

Medical Condition	Specific Instruction	Activities not to be engaged
<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em;"></div>
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Allergies or reactions: *(Check all that apply.)*

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Insect bites or stings	<input type="checkbox"/> Gluten	<input type="checkbox"/> Dairy
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Ivy/oak/sumac toxins	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Other (list) _____

Medical Emergency Contact Information

Person to Contact First

Name	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Relation to Participant	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Daytime Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Evening Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div>
E-mail	<div style="border-bottom: 1px solid black; width: 100%;"></div>

Name of Family Doctor

Backup Contact (Relative or Friend)

Name	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Relation to Participant	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Daytime Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Evening Phone	<div style="border-bottom: 1px solid black; width: 100%;"></div>
E-mail	<div style="border-bottom: 1px solid black; width: 100%;"></div>

Doctor Office Number	<div style="border-bottom: 1px solid black; width: 100%;"></div>
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____ (Initial) In case of health emergency, if I and my backup person cannot be contacted, BYA staff is allowed to contact the family physician directly.

I give permission to the physician/hospital selected by the BYA staff or volunteer to secure and administer treatment for my child, including hospitalization

I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit.

____ (Initial) It is the parent's responsibility to keep the child's medical information current. I/We will fill out an updated form when there is a change.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____