

# APPLICATION for CTTB Youth Summer Camp 2006

## Student Information

Reg. # \_\_\_\_\_

Student's Name \_\_\_\_\_ 中文姓名 \_\_\_\_\_  
FIRST LAST

Gender (please circle) M F Present grade (grade during '05-'06 academic year) \_\_\_\_\_  
 性別 (請圈選) 男 女 年級 (於2005-2006 學年)

Student's Home Address \_\_\_\_\_  
 學生住址

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 市 州 郵遞區號

Home Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 電話 傳真

Student's Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_ Age \_\_\_\_\_  
 出生日期 出生地 年齡

Social Security Number - - T-shirt Size (circle one) S M L XL  
 社會安全卡號

Emergency Number ( ) \_\_\_\_\_ Name of Emergency Contact Person \_\_\_\_\_  
 緊急連絡電話 緊急連絡人

Student lives with (circle one): Father Mother Both Other \_\_\_\_\_  
 與誰同居 (圈一項): 父親 母親 雙親 其他

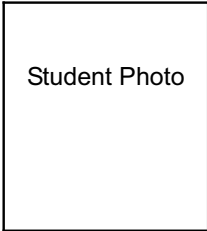
Name of Student's School \_\_\_\_\_  
 學生就讀學校

School Address \_\_\_\_\_  
 學校地址

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 市 州 郵遞區號

School Phone ( ) \_\_\_\_\_  
 學校電話

If you have attended the CTTB Youth Summer Camp previously, please state the year(s) of participation \_\_\_\_\_  
 你那一年參加過萬佛聖城少年夏令營? \_\_\_\_\_



## Family Information

Parents' Name (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 雙親姓名 (父親) FIRST LAST (母親) FIRST LAST

Parents' Religious Faith (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 雙親宗教信仰 (父親) (母親)

Parents' Occupations (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 雙親職業 (父親) (母親)

Business Phone (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 雙親工作電話 (父親) (母親)

Parents' E-mail Address (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 雙親電子信箱 (父親) (母親)

Siblings' Age \_\_\_\_\_  
 兄弟姊妹之年齡

Signature (Student) \_\_\_\_\_ (Parents'/Guardian) \_\_\_\_\_ Date \_\_\_\_\_  
 簽名 (學生) (父母/監護人) 日期

Include on a separate sheet, a hand-written essay by the student as to why he/she wants to attend the Youth Summer Camp. Please encourage the child to be frank and straightforward and to express his/her true feelings and aspirations in his/her own sentiments and words (100-500 words).  
 請學生另以紙張詳述欲參加夏令營之理由 (100 至 500 字)。

- Please send application together with photo, essay, Consent Form, Medical Form, and nonrefundable Application fee of \$20. Please make check payable to **IG/DVS**. 報名費 \$20 美元。
- Deadline for Application: June 1, 2006. 報名截止日期: 6 月 1 日。



Instilling Goodness Elementary School  
Developing Virtue Secondary School  
育良小學 培德中學



City of Ten Thousand Buddhas  
2001 Talmage Road, P.O. Box 217, Talmage, California 95481-0217 USA  
Boys' School (707) 468-1138; Girls' School (707) 468-3896, (707) 468-3847

## 緊急醫療及活動參與授權書

根據加州民法第25.8條之規定，茲授權 **育良小學及培德中學** 為小兒/女 \_\_\_\_\_ 在校期間安排必要之緊急醫療措施。本人同意負擔所有之醫藥費用，絕不將任何責任加諸育良小學及培德中學。

本人亦同意小兒/女參加育良小學及培德中學所舉辦的各項活動(含旅遊)。小兒/女若非住宿生，本人將準時接送小兒/女上下學。本人瞭解育良小學及培德中學無需對小兒/女於上課前後滯留校園之一切行爲及安全負責。若小兒/女因故不能上學時，本人將按照規定辦理請假。本人並瞭解若小兒/女無故曠課或缺課過多將遭退學之處分。(請在中、英文二種授權書上簽名，否則無效。)

父母或監護人簽名: \_\_\_\_\_ 關係: \_\_\_\_\_ 日期: \_\_\_\_\_

醫生姓名: \_\_\_\_\_ 電話: \_\_\_\_\_

醫生地址: \_\_\_\_\_

父親姓名: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

母親姓名: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

父母及監護人以外之緊急聯絡人姓名: \_\_\_\_\_

關係: \_\_\_\_\_ 住家電話: \_\_\_\_\_

公司電話: \_\_\_\_\_ 緊急電話: \_\_\_\_\_

住址: \_\_\_\_\_

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Instilling Goodness Elementary School  
 Developing Virtue Secondary School  
 育良小學 培德中學



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**CONSENT FOR EMERGENCY MEDICAL TREATMENT &  
 PROGRAM PARTICIPATION**

In accordance with the provisions of Section 25.8 of the California Civil Code, I hereby authorize **Instilling Goodness Elementary School / Developing Virtue Secondary School** to procure medical, dental, and hospital care for my child \_\_\_\_\_ in the event of injury or illness while my child is in the care of the above school. I understand and agree that I am financially responsible for any care or services provided. I hereby waive all liability of the above school for any and all accidents, mishaps, or other injuries not covered by the insurance in force.

Permission is also granted for my child to participate in all field trips and activities of the school my child is enrolled in. If my child is a day student, I further agree to bring and call for my child promptly on the days and times that he/she is scheduled for. I understand that the school cannot assume responsibility for children left of the campus before and after program hours. In case my child is ill or cannot attend, I agree to notify the school that day; and I understand the unexcused or excessive absences may result in suspension and/or expulsion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other person to contact in case of an emergency: Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_



Instilling Goodness Elementary School  
Developing Virtue Secondary School  
育良小學 培德中學



2001 Talmage Road, Ukiah, California, 95482 USA  
Boys School (707)468-1138 Girls School (707)468-3847 or 3896  
dvbs@drba.org or dvgs@drba.org

**STUDENT MEDICAL FORM**  
**學生體格檢查表**

Student's Name: \_\_\_\_\_  
學生姓名

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
出生日期 月 日 年

Address 住址: \_\_\_\_\_

This report is being requested in connection with an application for admission to the schools above. Please answer the following questions so that we have a record of the applicant's health and any problems that would require special attention. Please add additional sheets if needed.

**To be filled out by a physician 以下由醫生填寫:**

General Health 一般健康狀況:

Does the applicant show signs of emotional instability 申請人是否有情緒不穩之徵狀? \_\_\_\_\_  
If yes, please describe in detail 若有，請詳述之:

Any problems in health history 是否患過重病?

Any previous surgery 是否開過刀?

Any allergy to medication(s) 是否對藥物過敏? \_\_\_\_\_ If yes, please describe in detail  
若有，請詳述之:

Bleeding tendencies 易出血傾向:

Medications 目前服用之藥物:

Allergies (include instructions for treatment) 過敏:

Family History 家庭患病史：

Social History and Habits (Tobacco, Alcohol, Substance Abuse, Sleep, Eating)  
生活習慣及嗜好(煙、酒、違禁藥物、睡、食等):

Previous illness 曾患過之疾病：

Visions and Hearing 視力及聽力：

Immunizations 預防注射 (including dates, dosages, and/or copy of immunization record if available  
註明日期及劑量):

Tuberculin Test Results 肺結核檢驗結果: \_\_\_ Positive 陽性 \_\_\_ Negative 陰性

Test Date 檢驗日期: \_\_\_\_\_

If T.B. test is positive, a chest X-ray is required 陽性者需另照胸部X光。

(Tuberculin tests are required and must have been taken during the past year.

肺結核檢驗須在最近一年內為之。)

Are there any health problems that may require special attention while this person is a student in our  
program 申請人有否任何健康問題本校需特別留意? \_\_\_\_\_ If yes, please describe in detail  
若有，請詳述之：

Date of Most Recent Examination 最近一次體檢日期: \_\_\_\_\_

*For female applicants only* 以下只限女生填寫

Menstrual History 月事：

a) Any pain with menstruation 月事來時是否會痛?

b) Number of pregnancies, deliveries, miscarriages and abortions 懷孕、生產、流產及墮胎次數:

Physician's name 醫生姓名: \_\_\_\_\_

Signature 簽名: \_\_\_\_\_

Physician's address 醫生住址: \_\_\_\_\_

Telephone 電話: \_\_\_\_\_

Today's Date 填表日期: \_\_\_\_\_

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