



ĐẠI ĐẠO THANH NIÊN HỘI HẢI NGOẠI

Cao-Dai Youth Association

P.O Box 4201, Garden Grove, CA 92842

(260) 226-3241 – info@caodaiyouth.org - http://www.caodaiyouth.org

ĐƠN GHI DANH

REGISTRATION FORM

ĐẠI HỘI THANH THIẾU NIÊN CAO ĐÀI THẾ GIỚI Kỳ 9

5505 North Armstrong Street, Wichita, KS 67204

July 6, 7, and 8 of 2018

Tham Dự Viên (*Participant*)

Họ Tên (*Full Name*): _____ Ngày Sinh (*Date of Birth*): _____ Nam/Nữ (*Gender*) _____

Địa chỉ : _____ Thành phố: _____ Tiểu bang: _____ Số vùng: _____
(*Address*) (City) (State) (ZipCode)

Điện thoại: _____ Điện Thoại Di Động: _____ Địa chỉ e-mail: _____
(Home Phone) (Cell Phone) (E-mail)

Đang sinh hoạt tại Thánh Thất/Điện Thờ nào?
_____ Phẩm/Chức Vụ (nếu có): _____

Liên Lạc Khi Khẩn Cấp - Emergency Contact Information

Họ Tên (*Full Name*): _____ Điện Thoại (*Cell Phone*): _____

Phụ Huynh/Người Bảo Hộ (*Parent/Guardian*) - Chỉ điền phần này nếu Tham Dự Viên dưới 18 tuổi (Only if Participant is under 18 years of age)

Họ Tên (*Full Name*): _____

Địa chỉ : _____ Thành phố: _____ Tiểu bang: _____ Số vùng: _____
(Address): (City): (State): (ZipCode):

Điện thoại: _____ Điện Thoại Di Động: _____ Địa chỉ e-mail: _____
(Home Phone): (Cell Phone): (E-mail):

(Xin đọc và ký ở trang kế)
(Please read and sign next page)



Waiver and Release Form

For

The 9th International Cao-Dai Youth Conference

5505 North Armstrong Street, Wichita, KS 67204

July 6, 7, and 8 of 2018

Organized By Cao-Dai Youth Association

Liability Release and Parental/Guardian Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Cao-Dai Youth Association, Cao Dai Temple of Wichita (Thánh Thất Cao Đài Wichita), and their officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental/Guardian Consent *(complete if applicant is under 18)*

I give consent for my child to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Cao-Dai Youth Association will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental/guardian consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Full Name

Date

Participant Signature

Print Full Name

Date