

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.

BYA YOUTH MEMBERSHIP

Please print the numbers & letters as shown:

1	2	3	4	5	6	7	8	9	0	A	B	C	D	E	F	G
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Age Group:

Young Children (5-7) Children (8-11)
 Pre-Teen (12-13) Teen (14-16) Young Adult (17-20)

Chapter No.

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If applicant has an unexpired membership certificate; registration may be accomplished in this chapter by transferring. Enter current membership info below.

TRANSFER FROM: COUNCIL

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 DISTRICT

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 CHAPTER NO.

--	--	--	--	--	--	--	--

Enter new, existing, or prior membership number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Issued Year

--	--	--	--

Youth member information

(Please print one letter in each space clearly)

First name (No initials or nicknames)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth (mm/dd/yyyy)

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Age

--	--

Grade

--	--

Last name

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Suffix

--	--	--	--

Country

U	S
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Mailing address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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State

--	--

Zip code

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Home phone

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Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ethnic background

Gender

School (Name and City or District)

African American American Indian Alaska Native Asian Male Female
 Caucasian/White Hispanic/Latino Pacific Islander Other _____

Parent/guardian information

Select relationship:

Parent Guardian Grandparent Other (specify)

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First name (No initials or nicknames)

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Middle name

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Last name

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Suffix

--	--	--	--

Country

U	S
---	---

Mailing address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

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State

--	--

Zip code

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Home phone

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Date of birth (mm/dd/yyyy)

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Occupation

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Employer

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Gender

Male Female

Business phone

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Ext

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell phone

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Parent/guardian e-mail address

[Grid for e-mail address]

Other parent/guardian name:

[Grid for other parent/guardian name]

Date of birth (mm/dd/yyyy)

[Grid for date of birth]

Cell phone

[Grid for cell phone]

Please read and initial the followings:

____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.

____Rules and Regulations: I/We, as parent/guardian, understand that it is the responsibility of said parent/guardian to comply with any and all rules and regulations of the BYA and those established by any facility used by our program. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself and/or other persons affiliated with the undersigned and the above named participant.

____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.

I have read all information and approve the application for my child's membership

[Signature line for Chapter Leader]

Signature of Chapter Leader (or designee)

[Grid for Chapter Leader signature]

Date

Registration fee \$ [] [] . [] [] Waived

Program fee \$ [] [] [] . [] [] One Time

[Signature line for Parent/Guardian]

Signature of Parent/Guardian

[Grid for Parent/Guardian signature]

Signature of Applicant

[Grid for Applicant signature]

Date

Monthly Quarterly Yearly Waived

The information obtained in this form is for internal use of the BYA only.

YOUTH MEMBER MEDICAL INFORMATION

First name (No initials or nicknames) <input style="width:100%; height: 1.2em;" type="text"/>	Middle name <input style="width:100%; height: 1.2em;" type="text"/>	Last name <input style="width:100%; height: 1.2em;" type="text"/>	Suffix <input style="width:100%; height: 1.2em;" type="text"/>
Country <input style="width:100%; height: 1.2em;" type="text"/>	Mailing address <input style="width:100%; height: 1.2em;" type="text"/>		City <input style="width:100%; height: 1.2em;" type="text"/>
State <input style="width:100%; height: 1.2em;" type="text"/>	Zip code <input style="width:100%; height: 1.2em;" type="text"/>	Home phone <input style="width:100%; height: 1.2em;" type="text"/> - <input style="width:100%; height: 1.2em;" type="text"/>	Date of birth (mm/dd/yyyy) <input style="width:100%; height: 1.2em;" type="text"/>
			Gender <input style="width:100%; height: 1.2em;" type="text"/>
			Grade <input style="width:100%; height: 1.2em;" type="text"/>

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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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 _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Backup Contact (Relative or Friend)

Name _____

Relation to Participant _____

Daytime Phone _____

Evening Phone _____

E-mail _____

Name of Family Doctor

Doctor Office Number _____

____ (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: _____