

Wat Buddhanusorn presents
Camp TAY (Thai American Youth) 2017
Camp Application

Late registration (additional \$25): after July 16, 2017

Camp TAY is an annual 2-day overnight camp for the Northern California Thai American youth. The goals of Camp TAY are: Character development, Leadership and teamwork, Thai American pride, and Fun. For this year's camp, all activities will be at Wat Buddhanusorn on both Saturday August 5th and Sunday August 6th. As in previous years, Camp TAY will be overnight.

Camp dates: 9am Saturday, August 5th to 5pm Sunday August 6th, 2017

Age restrictions: Youngest accepted is 10 years old.

Oldest accepted are graduating 12th graders for Spring 2017.

Please talk to us directly for possible age exceptions. They may be made on a case by case basis.

Camp cost: \$75 (\$100 after July 16th).

This will cover the cost of food, supplies, and a camp T-shirt. Additional monetary or food donations are kindly appreciated. ***Actual value of Camp is \$150 per camper, but we are able to offer these reduced prices thanks to our sponsors and volunteers.***

FIRST NAME:		LAST NAME:		NICKNAME:	
PHONE#:		EMAIL ADDRESS:		GENDER:	
HOME ADDRESS:			CITY, ZIP:		
AGE:	GRADE FALL '16:	DATE OF BIRTH:	T-SHIRT SIZE (Adult unisex sizes. Please circle one): XS S M L XL		

To Apply: Please submit a completed application to Tim Tararug (phone: 408-646-8946) or Kanit Therdsteerasukdi (phone: 310-951-5801) at Wat Buddhanusorn or Franco Nguon (phone: 510-759-9595) at Wat Mongkolratanaram or email to: thainorcalcamp@gmail.com.

Make checks payable to **Wat Buddhanusorn**

Put in the "For" field on the check: **Camp TAY**

Forms and check can also be mailed to:

Attn: Tim Tararug
Wat Buddhanusorn
36054 Niles Blvd
Fremont, CA 94536



In partnership with: Wat Mongkolratanaram and
Stay tuned to website for updates: <http://artawood.net/camptay/>

THAI AMERICAN YOUTH CAMP OF NORTHERN CALIFORNIA

WAT BUDDHANUSORN

LIABILITY WAIVER:

(For events involving adult and minor participants)

I/my minor child, _____, wish/es to participate in the 2017 **Camp TAY (Thai American Youth)** Activity held at Wat Buddhanusorn 36054 Niles Blvd. Fremont, CA on August 5, 2017 to August 6, 2017. I am aware that participation in the Activity is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

IN CONSIDERATION OF MY/MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY RELEASE AND DISCHARGE WAT BUDDHANUSORN AND CAMP COUNSELORS, VOLUNTEERS, THAI ASSOCIATION OF NORTHERN CALIFORNIA MEMBERS, OFFICERS, AND AGENTS ("RELEASEES") FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM OR IN ANY WAY CONNECTED WITH MY/MY CHILD'S PARTICIPATION IN THE ACTIVITY, EXCEPT WHERE THE SAME IS CAUSED BY THE WILLFUL MISCONDUCT OR GROSS NEGLIGENCE OF THE RELEASEES.

For parents/guardians of minor participants only: As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the **Camp TAY** permission to seek medical attention for my child.

BY SIGNING THIS WAIVER, I AFFIRM THAT I HAVE READ AND UNDERSTAND IT AND AGREE WITH ITS CONTENTS.

Signature of Participant (over 18) or, if Participant is a minor,
The Participant's Parent/Guardian

Date

Printed Name of Participant (over 18) or Participant's Parent/Guardian

Video/Photo Release

I understand that I/my child may be photographed and/or videotaped during the course of the Activity. I grant full and unlimited permission to Wat Buddhanusorn, and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

(To be provided by parent/guardian of minor participant)

Please indicate how we can best reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Name: _____

Daytime: _____

Daytime: _____

Evening: _____

Evening: _____

Cell: _____

Cell: _____

Physician Name: _____

Phone: _____

Health History Form

To parents/guardians: This form is to be completed in full and returned with the rest of the application. This information would be needed in case of illness or emergency and will be kept confidential. We do not take any responsibility for a pre-condition of the youth participating in the Wat Buddhanusorn, Camp TAY or lack of information regarding medical history. All participants are required to submit this form prior to attending the camps.

Participant's First Name: _____ **Last Name:** _____ **Sex:** M / F

Address: _____ **City:** _____ **Zip code:** _____

Phone: (____) _____ **Birth date:** ____/____/____ **Age:** _____

Height: _____ **Weight:** _____ **Does participant wear glasses/contacts** YES NO

General Physician: _____ **Phone:** (____) _____

Insurance Company: _____ **Policy #:** _____

(A copy of insurance card must be attached)

If there has been any history of the following, please check:

- () Asthma () Eye trouble () Anemia () Vegetarian
() Depression () Fainting/Dizziness () Pneumonia What type _____
() Hyperactivity/ADHD () Frequent Headaches () Seizures
() Chronic cough () Heart trouble () Sinus problems () Other (not listed)
() Convulsions () Hemophilia () Sore throats Please list: _____
() Deafness/Ear problems () Hernias () Ulcers
() Diabetes () Hives () Eating Disorder
() Broken bones () Joint Problems () Mental disorder

Please list: _____

Comments on checked items (include diet limitations, if any): _____

Please list any allergies (to medicine, food, bee stings, etc): _____

All medications should be labeled with prescription and given to the Camp TAY Coordinator during registration at camp. Please list any medication(s) to be taken by the participant during the Activity.

Is there any reason the participant cannot participate fully in any physical activity? If so, why?

Have you been protected by inoculation or vaccination against:

() Hepatitis A? When? _____ () Hepatitis B? When? _____ () Tetanus? When? _____

Any additional health matters vital to youth's participation in the Camp TAY?

Parent/Guardian Signature (if minor): _____ Date: ____/____/____

Participant's signature: _____ Date: ____/____/____