,

**佛光山西來寺松鶴學苑報名表**

3456 Glenmark Dr., Hacienda Heights, CA 91745

Tel: 626-961-9697 Fax: 626-369-1944

日期 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

姓名

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**個人資料**

英文 English 中文 Chinese

性別: □男M □女F

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

生日DOB 年齡Age 社會安全號碼 SSN

電話

Phone：(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

通訊地址

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

曾參加西來寺那些活動:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 所屬分會:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

您有以下保險嗎?

**醫療保險資料**

□Medicare □Medi-Cal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

保險號碼

□其他保險\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

保險名稱 保險號碼

緊急通知人 Emergency Contact

姓名

Name

電話

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

電話

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

服用藥品資料

(請詳列服用藥品名稱、份量、時間及功能用)

藥名 份量 次數/日 功能

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

請詳述我們應注意事項

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*以上資料皆屬實，申請人簽字 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

報名費 □現金Cash $10.00 □支票$10.00 Check#\_\_\_\_\_ 經手人: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 佛光山西來寺松鶴學苑具結書  您有以下保險嗎?  □Medicare □Medi-Cal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  保險號碼    □其他保險\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  保險名稱 保險號碼  緊急通知人 Emergency Contact  關係  Relationship  姓名  Name    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  關係  Relationship  姓名  Name    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      本人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_同意參加佛光山西來寺松鶴學苑，於交誼期間遵守紀律，如有任何意外發生，本人願意負擔一切責任，主辦單位及服務人員不負責餵藥及醫療服務，不負擔任何意外及傷害責任。    I hereby that (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participate in the Seniors Program, by Hsi Lai Temple and will not hold Hsi Lai Temple, its directors, officers, instructors, staff members, or group leaders responsible for medical aid rendered, and will reimburse Hsi Lai Temple any and all hospital, medical and other expenses incurred in his/her care. I am hereby waiving all claims against Hsi Lai Temple for injury, accident, illness or death occurring during the scheduled event(s).  申請人簽字 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 姓名Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  日期 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  日期 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  日期 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  日期 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |