

LỄ BỔN MẠNG MIỀN VEYM MID-ATLANTIC REGIONAL ANNIVERSARY CELEBRATION	Thời gian (Date/Time): Saturday, May 6, 2017 9:00 AM – 2:00 PM Địa điểm (Location): Our Lady of Vietnam Catholic Church 11812 New Hampshire Ave Silver Spring, MD 20904
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Tham Dự Viên (Participant Information)

Tước Hiệu (Title):								
Ấu Nhi <input type="checkbox"/>	Thiếu Nhi <input type="checkbox"/>	Nghĩa Sĩ <input type="checkbox"/>	Hiệp Sĩ <input type="checkbox"/>	Hiệp Sĩ (18+) <input type="checkbox"/>	Huynh Trưởng <input type="checkbox"/>	Trợ Tá <input type="checkbox"/>	Trợ Ủy <input type="checkbox"/>	Quan Khách <input type="checkbox"/>
Tên Thánh (Baptismal Name):		Họ và Tên (Full Name):				Ngày Sinh (Birthday): DD/MM/YYYY		
Địa Chỉ (Address):				Thành Phố (City):			Tiểu Bang (State):	
Điện Thoại (Telephone Number): Home <input type="checkbox"/> Cell <input type="checkbox"/>			Điện Thư (Participant Email): <input type="checkbox"/> Không có (N/A)			Đơn Vị Sinh Hoạt (Local Chapter Information)		
						Đoàn (Chapter):		

Người Liên Lạc Khi Khẩn Cấp (Emergency Contact Information)

Tên Người Liên Lạc (Name of Contact Person):	Mối Quan Hệ (Relationship with Participant):	Điện Thoại (Telephone #): Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
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Tham Dự Viên Ký Tên (Participant's Signature)

Chứng Nhận Của Phụ Huynh (Parental Consent)

Với tất cả những hiểu biết của cá nhân, tôi xác nhận những điều khai trong đơn này là sự thật và đầy đủ. Tôi đồng ý và tôn trọng những chỉ thị và luật lệ của Phong Trào Thiếu Nhi Thánh Thể Việt Nam. (I certify that to the best of my knowledge the information in this registration form is true and complete. I agree that I will be respectful of Vietnamese Eucharistic Youth Movement's mission and will abide by its rules and regulations.)	
Tham dự viên dưới 18 tuổi phải có sự chấp thuận của phụ huynh (Participant under 18 years old must have parental consent)	Tôi chấp thuận cho con em có tên trên được tham dự Bồn Mạng Miền. (I give the consent to the child named above to attend the Regional Anniversary)
Tên: _____ (Full name)	Tên: _____ (Full name)
Chữ Ký: _____ Ngày: _____ (Sign here) (Date)	Chữ Ký: _____ Ngày: _____ (Sign here) (Date)

Thêm Chi Tiết (Additional Information)

Thông Tin Liên Lạc (Contact Information): Registration Committee: Tr. Tôma Dương Hữu Đức Telephone: (240) 328-8383 Email: ducduong@mientrungdong.org	➤ Để biết thêm thông tin về việc đưa đón và chuyên chở, xin vui lòng liên lạc Đoàn Trưởng liên hệ. (For more information about transportation and pickup, please contact the local Chapter President).
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Xin tiếp tục trang sau (Next Page) ➔



**THE VIETNAMESE EUCHARISTIC YOUTH MOVEMENT IN THE U.S.A.
THE MID-ATLANTIC REGION**

VOLUNTARY ACTIVITIES PARTICIPATION FORM

**ACKNOWLEDGMENT, RELEASE, HOLD HARMLESS AND
ASSUMPTION OF POTENTIAL RISK AGREEMENT**

If Student/Participant is a minor, then parent or guardian must sign. If Student/Participant is an adult, no signature of parent or guardian is required. A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the Local Chapter before a Student/Participant will be allowed to participate in this Activity. STUDENTS/PARTICIPANTS AND/OR PARENTS OR GUARDIANS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS AGREEMENT SHOULD NOT SIGN THIS AGREEMENT, AND WILL NOT BE ALLOWED TO PARTICIPATE.

I, the undersigned (*print name*) _____ ("Student/Participant") wish to attend the VEYM MID-ATLANTIC REGIONAL ANNIVERSARY, activity of the Vietnamese Eucharistic Youth Movement in the U.S.A. (VEYM) (hereinafter "Activity"), held at Our Lady of Vietnam Catholic Church in Silver Spring, Maryland on May 6, 2017. IF UNDER 18 YEARS OF AGE, my parent or guardian authorizes my participation in this activity.

I understand and acknowledge that this Activity may be dangerous and hazardous and, by its very nature pose the potential risk of severe and serious physical and emotional injury/illness, or even death, to all individuals who participate in such Activity.

I understand and acknowledge that in order to participate in this Activity I agree to ASSUME ALL LIABILITY AND RESPONSIBILITY for any and all potential risks, injuries, or even death which may be associated with participation in such Activity. I represent and warrant that Student/Participant is mentally and physically fit, capable, able, and willing to participate in this Activity without any limitations.

I understand, acknowledge, and agree that the VEYM, its trustees, employees, agents, coaches, teachers, leaders, volunteers, or representatives shall not be liable for any injury/illness suffered by Student/Participant which is incident to and/or associated with preparing for and/or participating in this Activity.

I hereby release, discharge, indemnify, and agree to hold harmless VEYM, VEYM' governing board ("Board"), and each of their trustees, employees, agents, coaches, teachers, volunteers, and representatives free from any and all liability arising out of or in connection with Student/Participant's participation in this Activity, including all related activity such as games, practices, training activities, trips and related exercise. For purpose of this RELEASE, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student/Participant or Student/Participant's parents, guardians, heirs, executors, administrators, and assigns may have against VEYM, Board, and their trustees, employees, agents, coaches, teachers, leaders, volunteers, and representatives because of Student/Participant's personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Student/Participant or his or her property during Student/Participant's participation in the Activity that may result from any cause including but not limited to VEYM', Board's, trustees', employees', agents', coaches', teachers', leaders', volunteers', or representatives' own passive or active negligence or other acts other than fraud, willful misconduct or violation of the law.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand the potential dangers incident to engaging in the Activity, I am fully aware of the legal consequences of this agreement, and agree to its terms and understand I am waiving certain rights and assuming the risk of damage from my participation in the Activity.

Student/Participant's Signature: _____ ✍ Date: _____

(If under 18 years of age, parent or guardian of the student/participant must sign the agreement)

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____ ✍ Date: _____