

<b>ĐẠI HỘI NGHĨA HIỆP THE COMPANION &amp; KNIGHT OF EUCHARISTIC CONVENTION</b>	Thời gian (Date/Time): <b>6:00 PM Friday (7/7/17) – 1:00 PM Sunday (9/7/17)</b>
	Địa điểm (Location): <b>Hashawha Environmental Center - Westminster, MD</b>
	Lệ phí (Fee): <b>\$85.00 per person</b> <i>* Maximum capacity of the Convention is 180 participants</i>

**Tham Dự Viên (Participant Information)**

Đơn Vị Sinh Hoạt (Chapter Information)		Tước Hiệu (Title):					
Đoàn (Chapter):		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"/>
Tên Thánh (Baptismal Name):	Tên và Họ (Full Name):			Ngày Sinh (Date of Birth): MM/DD/YYYY			
Địa Chỉ (Address):			Thành Phố (City):		Tiểu Bang (State):	Bru Mã (Zip Code)	
Điện Thoại (Telephone Number):	Điện Thư (Participant Email):		Kích Thước Áo (T-Shirt Size): Y= Youth   A= Adult <input type="checkbox"/> Y S <input type="checkbox"/> Y M <input type="checkbox"/> Y L <input type="checkbox"/> A S <input type="checkbox"/> A M <input type="checkbox"/> A L <input type="checkbox"/> A XL <input type="checkbox"/> A XXL				

**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 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.)

<b>Tham dự viên dưới 18 tuổi phải có sự chấp thuận của phụ huynh.</b> <b>(Participant under 18 years old must have parental consent)</b>	Tôi chấp thuận cho con em có tên trên được tham dự Đại Hội Nghĩa Hiệp. (I give the consent to the child named above to attend the convention)
Tên: _____ (Full name)	Tên: _____ (Full name)
Chữ Ký: _____ Ngày: _____ (Sign here) (Date)	Chữ Ký: _____ Ngày: _____ (Sign here) (Date)

**Thêm Chi Tiết (Additional Information)**

Liên Lạc (Contact Information)	Xin gửi đơn tham dự và lệ phí về (Send completed registration package and fee to):	Chi phiếu viết cho (Write check payable to):
Registration Committee: <b>Tr. Maria Lại Thị Đan Uyên</b> Tel (703) 587-0533 Email: <a href="mailto:danuyen.lai@yahoo.com">danuyen.lai@yahoo.com</a>	<b>Dan Uyen Lai</b> <b>20239 Brookview Square</b> <b>Ashburn, VA 20147</b>	<b>Dan Uyen Lai</b> Hoặc có thể trả lệ phí qua hệ thống Venmo hay PayPal (Registration fee can be pay through Venmo or PayPal): <u>Venmo</u> : TNTTMTD   <u>PayPal</u> : mdt.tntt@gmail.com

**Phần Dành cho Ban Tổ Chức (Office Use Only)**

Date Received: _____	Registration No. _____	1. Registration Fee 'Paid in Full': <input type="checkbox"/> YES <input type="checkbox"/> NO
Payment Type: <input type="checkbox"/> Cash	Amount: _____	2. VEYM Voluntary Activities Participation Form: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Check	Check No. _____	3. Hashawha Environmental Center Release Form: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Venmo/PayPal		4. Medical Release Form: <input type="checkbox"/> YES <input type="checkbox"/> NO
		5. VIRTUS Training & Background Check [18+]: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A



**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 Participant is a minor, then parent or guardian must sign. If Participant is an adult, no signature of parent or guardian is required. A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the VEYM Mid-Atlantic Executive Committee before a Participant will be allowed to participate in this Activity. 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*) \_\_\_\_\_ ("Participant") wish to attend the **MID-ATLANTIC COMPANION AND KNIGHT OF EUCHARIST CONVENTION** activity of the Vietnamese Eucharistic Youth Movement in the U.S.A. (VEYM) (hereinafter "Activity"), held at Hashawha Environmental Center in Westminster, Maryland on July 7-9, 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 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, volunteers, or representatives shall not be liable for any injury/illness suffered by 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, leaders, volunteers, and representatives free from any and all liability arising out of or in connection with 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 Participant or 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 Participant's personal, physical or emotional, injury, accident, illness, or death, or because of any loss of or damage to property that occurs to Participant or his or her property during 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.

Participant's Signature: \_\_\_\_\_ ✍ Date: \_\_\_\_\_

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

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ ✍ Date: \_\_\_\_\_

Photocopy this Release Form for each camper to sign, return this form at check-in time

**HASHAWHA ENVIRONMENTAL CENTER**  
**RELEASE FORM**

In return for the admission

of \_\_\_\_\_  
(Name of visitor)

into the Hashawha Environmental Appreciation Center, I hereby Release and hold harmless, Carroll County and its officers, agents, employees, and volunteers from all actions, causes of actions, damages, claims, or demands which I, for myself or on behalf of another, or my successors may have against them for any personal injuries or illnesses which occur while attending the Hashawha Center.

I have read this Release and understand all of the Hashawha policies and regulations and understand the terms. I execute it voluntarily and with full knowledge of its significance.

I have executed this Release on the day and year written below.

DATE: \_\_\_\_\_

DATE OF VISIT: July 7-9, 2017

\_\_\_\_\_  
SIGNATURE OF VISITOR (parent or guardian if visitor is a minor)

# MEDICAL RELEASE FORM

[PLEASE PRINT, COMPLETE ALL SECTIONS, SIGN, AND INCLUDE ALL NECESSARY ACCENTS]

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, check and fill out only those in accordance with your wishes: [Tôi bảo đảm với sự hiểu biết của tôi là con tôi khỏe mạnh và tôi cũng chấp nhận các trách nhiệm liên quan đến sức khỏe của con tôi. Trong phần chi tiết về thuốc men, xin quý phụ huynh điền vào các phần nhu cầu và những gì cần thiết của con quý vị.]

## MEDICAL TREATMENT

- In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated smoothens such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. [Nếu con tôi cứ tiếp tục bị nhức đầu, đau cổ họng, cảm, hoặc tháo dạ thì lập tức liên lạc ngay với tôi.]
- My child is taking medication at present. My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medication including dosage and frequency are as follows: [Con tôi hiện đang phải uống thuốc. Con tôi sẽ mang theo các loại thuốc với nhãn hiệu rõ ràng, những chỉ dẫn, thời gian, và lượng uống bao nhiêu như sau:]
- Allergic reactions and medications [dị ứng và thuốc chữa]
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- Medically prescribe diet [sự ăn kiêng do bác sĩ dặn]
- 
- Special medical conditions [tình trạng đặc biệt thuộc y khoa]
- 

- \_\_\_\_\_ I hereby grant permission \_\_\_\_\_ I do not grant permission for nonprescription medication  
Initial [TÔI ĐỒNG Ý] Initial [TÔI KHÔNG ĐỒNG Ý]
- (such as Advil, Aspirin, Tylenol, throat lozenges, cough syrup, pepto bismol,...) to be given to my child, if deemed advisable. [cho phép con tôi được uống các loại thuốc nào mà không có cần toa bác sĩ (như thuốc cảm, thuốc ho, thuốc trị dạ dày,...) khi cần thiết.]

## EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me, please contact: [Trong trường hợp cấp cứu, tôi cho phép di chuyển con tôi đến nhà thương để được chữa trị bằng thuốc hoặc giải phẫu. Tôi cũng xin nhà thương/bác sĩ liên lạc với tôi về các điều trị cần thiết sau khi cấp cứu. Nếu trong trường hợp khẩn cấp mà không liên lạc được với tôi thì xin liên lạc với người có tên sau đây:]

I fully understand the forgoing statements and sign this Parental/Guardian Consent Form & Liability Waiver knowingly, freely, and willingly. Any participant over 18 must complete and sign this form. [Tôi hoàn toàn hiểu các điều trên và ký giấy chấp nhận này với sự đồng ý và tự do của tôi. Tham dự viên trên 18 tuổi cũng phải điền và ký đơn này.]

PHỤ HUYNH KÝ TÊN/ THAM DỰ VIÊN TRÊN 18 (SIGNATURE) \_\_\_\_\_

NGÀY (DATE) \_\_\_\_\_

PARTICIPANT'S FULL NAME / TÊN THAM DỰ VIÊN (TÊN CON EM)
EMER. CONTACT & RELATIONSHIP (TÊN NGƯỜI LIÊN LẠC & MỐI QUAN HỆ)
TELEPHONE # (SỐ ĐIỆN THOẠI) <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
FAMILY DOCTOR (TÊN BÁC SĨ GIA ĐÌNH)
FAMILY DOCTOR'S PHONE # (ĐIỆN THOẠI CỦA BÁC SĨ)
FAMILY HEALTH PLAN CARRIER (TÊN BẢO HIỂM SỨC KHỎE GIA ĐÌNH)
POLICY NUMBERS (SỐ BẢO HIỂM)