

Thành Viên Mới (New Member):

Thành Viên Cũ (Returning Member):

**Người Xin Gia Nhập (Participant Information)**

Tên Thánh (Baptismal Name):	Tên Họ (Last Name):	Tên Đệm (Middle Name):	Tên Gọi (First Name):	
Địa Chỉ (Address):		Thành Phố (City):	Tiểu Bang (State):	Bưu Mã (Zip Code):
Điện Thoại (Phone Number): Home <input type="checkbox"/> Cell <input type="checkbox"/>		Điện Thư (Participant Email): <input type="checkbox"/> Không có (N/A)		Ngày Sinh (Birthday): MM / DD / YYYY
Tên Của Phụ Huynh (Parent Name): Father <input type="checkbox"/> Mother <input type="checkbox"/>		Điện Thoại Của Phụ Huynh (Parent Phone #): Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>		Điện Thư Của Phụ Huynh (Parent Email):
Xin Gia Nhập Ngành (Enroll Into): <input type="checkbox"/> Ấu Nhi (7-9 Tuổi) <input type="checkbox"/> Thiếu Nhi (10-12 Tuổi) <input type="checkbox"/> Nghĩa Sĩ (13-15 Tuổi) <input type="checkbox"/> Hiệp Sĩ (16-17 Tuổi) <input type="checkbox"/> Huynh Trưởng (18+ Tuổi) <input type="checkbox"/> Trợ Tá (30+ Tuổi)				

**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 (Phone Number): Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>
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**Kiểm nhận của Người xin gia nhập, Phụ huynh hoặc Người giám hộ (Participant/Parent/Guardian Permission):**

*\*Dưới 18 tuổi cần có chữ ký của phụ huynh hoặc người giám hộ. (If participant is under 18, a parent/guardian signature is required.)\**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

*\*(I give the consent for the minor to enroll into the Vietnamese Eucharistic Youth Movement at Our Lady of Vietnam Parish)*

Tên: \_\_\_\_\_  
(Full Name)

Chữ Ký: \_\_\_\_\_  
(Sign Here)

Ngày: \_\_\_\_\_  
(Date)

**Phân Ghi Nhận (Official Use Only)**

<input type="checkbox"/> Đã đóng \$15.00 tiền niên liễm (Paid \$15.00 annual fee)  _____ Trưởng Ký Nhận <input type="checkbox"/> Không lấy (Not Required)	<b>Registration Number:</b> <input type="text"/> Family Discount: \$ _____ <b>PAYMENT TYPE:</b> <input type="checkbox"/> Cash Amount: _____ <input type="checkbox"/> Check Check #: _____	Chi phiếu xin viết cho (Please write check to): <b>Julliann Le</b>  Mọi thông tin xin liên lạc với Đoàn Trưởng: Tr. Phanxicô Phan Quốc Việt (301) 906-6344 ✉ tnttadl@gmail.com	<b>LƯU Ý! - IMPORTANT!</b>  Tất cả người xin gia nhập phải ký đơn Voluntary Activities Participation mới được tham gia vào Đoàn.  (All participants must sign the Voluntary Activities Participation Form before enrolling into TNTT)
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THE VIETNAMESE EUCHARISTIC YOUTH MOVEMENT IN THE USA  
THE ST. ANDREW DUNG LAC CHAPTER



2016 ENROLLMENT  
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 Church/Office 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 enroll in the **St. Andrew Dung Lac Chapter** of the Vietnamese Eucharistic Youth Movement in the U.S.A. (VEYM) at Our Lady of Vietnam Parish - Silver Spring, Maryland (hereinafter "Activity"). 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, 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, 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', 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, 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, the parent or guardian of the student must sign the agreement)*

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

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

Date: \_\_\_\_\_