

Sa Mạc Huân Luyện Tông Đồ Đội Trưởng Đội Phó Dấn Thân IX	Ngày (Date): February 9 – 10, 2018 Thời gian (Time): 06:00 PM (Friday) – 6:00 PM (Saturday) Địa Điểm (Location): Our Lady of Viet Nam Parish 11812 New Hampshire Avenue, Silver Spring, MD 20904
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Tham Dự Viên (Participant Information)

Tên Thánh (Baptismal Name):	Tên Gọi (First Name):	Tên Đệm (Middle Name):	Tên Họ (Last 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 (Email): <input type="checkbox"/> Không có (N/A)	Ngày Sinh (Birthday): DD/MM/YYYY	
Cấp Bậc (Rank): <input type="checkbox"/> Nghĩa Sĩ <input type="checkbox"/> Hiệp Sĩ <input type="checkbox"/> Hiệp Sĩ (18+) <input type="checkbox"/> Huynh Trưởng			
Tình Trạng Sức Khỏe Cần Biết (Any Health Related Concerns): - Dị Ứng Thức Ăn? Food Allergic? - Bệnh? Others?			

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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Tham Dự Viên Ký Tên (Participant's Signature)

Chứng Nhận Của Phụ Huynh (Parents' Permission)

Tham dự viên nếu dưới 18 tuổi phải có sự chấp thuận của Phụ Huynh (Participant under 18 years old must have consent of parent) Tên: _____ (Full name) Ký: _____ Ngày: _____ (Sign here) (Date)	Tôi chấp thuận cho con em có tên trên được tham dự buổi tĩnh tâm (Parental consent for minor to attend the youth retreat) Tên: _____ (Full name) Ký: _____ Ngày: _____ (Sign here) (Date)
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Phần Ghi Nhận (Official Use Only)

Registration Number: <input type="text"/> <input type="checkbox"/> Registration Form Completed <input type="checkbox"/> VAP Form Completed _____ Trưởng Ký Nhận	IMPORTANT!!! Tất cả tham dự viên phải ký đơn Voluntary Activities Participation mới được tham dự buổi tĩnh tâm. <i>(All applicants must sign the Voluntary Activities Participation Form before attending the retreat)</i>	Last day to register: February 24, 2017 Mọi thông tin xin liên lạc với Trưởng: Tr. Phanxicô Phan Quốc Việt ☎ (301) 906-6344 ✉ phanvtq@gmail.com
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**THE VIETNAMESE EUCHARISTIC YOUTH MOVEMENT IN THE USA
THE MID-ATLANTIC REGION
ST. ANDREW DUNG LAC CHAPTER**

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 attend the **Team Leader Training Event** of the Vietnamese Eucharistic Youth Movement in the U.S.A.(VEYM) held on February 9 - 10, 2018 in 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's 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's, 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: _____