

PHONG TRÀO THIẾU NHI THÁNH THỂ VIỆT NAM
TẠI HOA KỲ- LIÊN ĐOÀN BIỂN ĐỨC
ĐOÀN DON BOSCO - Spring Break Camp (Tin Yêu 46)

For Office Use Only:
Method: Cash Check Credit/Debit Card
Date: _____ Invoice ID: _____

Tham Dự Viên (Participants)	Ngày Sinh (DOB) (mm/dd/yyyy)	Gender (F/M)	Ngành/Cấp (TN/NS/HS)	Shirt Size (Adult S/M/L/XL)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Tổng Số Tiền Lệ Phí (Total Registration Fee): \$ _____

Tên Phụ Huynh (Parents / Guardian's name): _____
Địa chỉ (Address): _____
Điện thoại (Phone #): _____ Email: _____

Emergency Contact
*Họ và tên một người nào khác nếu như không liên lạc được với phụ huynh
(Relative or friend to contact if unable to reach parents/guardians in the event of emergency)*
Họ và tên (Full name): _____
Quan hệ (Relationship): _____ Điện thoại (Phone #): _____

Y Tế Và Cấp Cứu (Medical and Emergency Information)
Bác sĩ gia đình (Family Physician): _____ Phone: _____
Bệnh viện lựa chọn (Preferred Hospital): _____ Phone: _____

Y Tế (Medical Conditions)
Điều kiện sức khỏe cần lưu ý như dị ứng, bệnh tình, thuốc men đang sử dụng v.v. (Special medical conditions such as allergies, medications, etc.):
Name: _____ Conditions: _____
Name: _____ Conditions: _____

Catholic Diocese of Austin
Holy Vietnamese Martyrs Catholic Church of Austin

PARENTAL CONSENT and RELEASE FOR MEDICAL TREATMENT

In Case Of Emergency, and in the event that my child(ren) is(are) not coherent or conscious, I hereby grant Đoàn Thiếu Nhi Thánh Thể, Don Bosco Austin, Eagle's Wings Retreat Center (EWRC), and/or other adult chaperones of HVMCC Vietnamese Eucharistic Youth Society , permission to act on my behalf in seeking emergency medical treatment for my child(ren) in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so. I further absolve and release HVMCC Parish, its Pastor, employees, volunteers, and EWRC as well as the Diocese of Austin and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by Giáo Xứ Các Thánh Tử Đạo Việt Nam, EWRC, and the Catholic Diocese of Austin. My child(ren)'s primary function on this trip is to ensure the safety and well-being of all participants in my charge. My child(ren) will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to him/her/them and any other participants.

Media Release: By signing this form, I hereby grant permission to TNTT Don Bosco to use photographs and/or videos of me taken in publications, news releases, online, social media and other communications related to Spring Break Camp Tin Yêu 46.

Chữ ký phụ huynh (Signature of Parent/Guardian):

Ngày (Date):

Phần Phụ huynh thăm trại

Xin khoanh tròn thời gian tham quan đất trại:

1. Saturday 7pm - 9pm
2. Sunday 7pm - 9pm

Âm thực hoặc hiện kim: Chúng tôi sẽ chân thành đón nhận bất cứ sự trợ giúp lớn hay nhỏ nào của quý vị. Xin liên lạc với Tr. Sương Mai (512-699-9452). (Any support or donation is appreciated. Please contact Tr. Sương Mai (512-699-9452).

Note: (*) All parent participants must attend the Austin Diocese Ethics and Integrity Class prior to the camp date, no exception. Please contact Tr. Sương Mai (512-699-9452) for more information.