

# *Bodhi Youth of America*

# **YOUTH APPLICATION**

**The vision of the Bodhi Youth of America is  
to provide a nourishing environment for young people to unfold their potential,  
to live in harmony and build happy communities following the Bodhisattva path.**



## **Be a BYA Youth Member**

As in a youth member — your child participation in BYA will result in a fun, beneficial, and compassionate service to themselves, to their peers and our community. Your encouragement and support of your child diligent participation in BYA educational programs will help to make a significant impact to the young generations

Thank you for completing all items in this application.

**THANK YOU FOR GIVING YOUR TIME TO MAKE A DIFFERENCE FOR THE YOUTH OF AMERICA.**



Parent/guardian e-mail address

[Grid for e-mail address]

Other parent/guardian name:

[Grid for other parent/guardian name]

Date of birth (mm/dd/yyyy)

[Grid for date of birth]

Cell phone

[Grid for cell phone number]

**Please read and initial the followings:**

\_\_\_\_Member Responsibility: I/We understand that BYA is run entirely by volunteers and is a not for profit organization receiving no financial support from any government agencies. As such, all expenses to run this program are the result of the fees and fundraising efforts of its members. I/We recognize that all efforts required to operate and administer this program are the responsibility of its members and there are no positions that receive any compensation. Certain volunteer positions require a criminal background check, application or election.

\_\_\_\_Rules and Regulations: I/We, as parent/guardian, understand that it is the responsibility of said parent/guardian to comply with any and all rules and regulations of the BYA and those established by any facility used by our program. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself and/or other persons affiliated with the undersigned and the above named participant.

\_\_\_\_Refunds: I/We, as parent/guardian, understand that any fees paid are non-refundable except if withdrawal from the program occurs prior to the start of the program. Annual membership due and uniform purchase are non-refundable.

\_\_\_\_Participant Consent: I/We understand that BYA may publish/provide information, including photographs of its participants, about its programs and services in many ways, including but not limited to press releases to the media, flyers, brochures, organization newsletters, web sites, and television appearances. When photographs are used, participant names will never be used in conjunction with said photograph without the expressed written consent of the participant's parent or legal guardian and explicated for the purpose stated for the communication.

\_\_\_\_Assumption of Risk and Release of Liability: I/We understand that BYA project activities/events may involve certain risks of physical activity and possible injury and that BYA program will provide each participant with reasonable care, but that BYA cannot guarantee that my child will remain free of injury. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the BYA, the Board of Directors, BYA Chapters and their officers, employees and volunteers (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my participation in the BYA program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. I further understand that conditions exist that are beyond the control of the BYA, including but not limited to hazardous marine life, sudden change in weather conditions, and natural disasters.

I have read all information and approve the application for my child's membership

[Signature line for Chapter Leader]

Signature of Chapter Leader (or designee)

[Grid for Chapter Leader signature]

Date

Registration fee \$ [ ] [ ] . [ ] [ ]  Waived

Program fee \$ [ ] [ ] [ ] . [ ] [ ]  One Time  Monthly  Quarterly  Yearly

[Signature line for Parent/Guardian]

Signature of Parent/Guardian

[Grid for Parent/Guardian signature]

Signature of Applicant

[Grid for Applicant signature]

Date

*The information obtained in this form is for internal use of the BYA only.*

