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.
## BYA YOUTH MEMBERSHIP

Please print the numbers & letters as shown: 1 2 3 4 5 6 7 8 9 0 A B C D E F G

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Chapter No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Young Children (5-7)</td>
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<tr>
<td>☐ Children (8-11)</td>
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<tr>
<td>☐ Pre-Teen (12-13)</td>
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<tr>
<td>☐ Teen (14-16)</td>
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<tr>
<td>☐ Young Adult (17-20)</td>
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</tbody>
</table>

☐ If applicant has an unexpired membership certificate; registration may be accomplished in this chapter by transferring. Enter current membership info below.

### TRANSFER FROM

<table>
<thead>
<tr>
<th>COUNCIL</th>
<th>DISTRICT</th>
<th>CHAPTER NO.</th>
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Enter new, existing, or prior membership number:  

<table>
<thead>
<tr>
<th>Issued Year</th>
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### Youth member information

(Please print one letter in each space clearly)

<table>
<thead>
<tr>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Age</th>
<th>Grade</th>
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<table>
<thead>
<tr>
<th>First name (No initials or nicknames)</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix</th>
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<table>
<thead>
<tr>
<th>Country</th>
<th>Mailing address</th>
<th>City</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Zip code</th>
<th>Home phone</th>
<th>Email Address</th>
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### Ethnic background

- African American
- American Indian
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Pacific Islander
- Asian
- African American
- American Indian
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Pacific Islander
- Asian
- African American
- American Indian
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- Pacific Islander
- Pacific Islander
- Asian
- African American
- American Indian
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Pacific Islander
- Pacific Islander
- Asian

### School (Name and City or District)

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### Parent/guardian information

Select relationship:

- Parent
- Guardian
- Grandparent
- Other (specify)

<table>
<thead>
<tr>
<th>First name (No initials or nicknames)</th>
<th>Middle name</th>
<th>Last name</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Zip code</th>
<th>Home phone</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Occupation</th>
<th>Employer</th>
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### Gender

- Male
- Female

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<tr>
<th>Business phone</th>
<th>Ext</th>
<th>Cell phone</th>
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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 of Parent/Guardian

Signature of Applicant

Date

Registration fee $____  .  ____  Waived

Program fee $____  .  ____  One Time

The information obtained in this form is for internal use of the BYA only.
YOUTH MEMBER MEDICAL INFORMATION

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City

State Zip code Home phone Date of birth (mm/dd/yyyy) Gender Grade

List any special medication condition of your child that we should be aware of or that might limit your child's participation in certain physical activities:

Medical Condition Specific Instruction Activities not to be engaged

____________________________________ _______________________________________ ________________________

____________________________________ _______________________________________ ________________________

____________________________________ _______________________________________ ________________________

____________________________________ _______________________________________ ________________________

____________________________________ _______________________________________ ________________________

Allergies or reactions: (Check all that apply.)

___ Aspirin  ___ Insect bites or stings  ___ Gluten  ___ Dairy

___ Penicillin  ___ Ivy/oak/sumac toxins  ___ Peanuts  ___ Other (list) ____________________________________

Medical Emergency Contact Information

Person to Contact First Backup Contact (Relative or Friend)

Name __________________________________________ Name ______________________________________

Relation to Participant __________________________________ Relation to Participant __________________________________

Daytime Phone __________________________________ Daytime Phone __________________________________

Evening Phone __________________________________ Evening Phone __________________________________

E-mail __________________________________________ E-mail ______________________________________

Name of Family Doctor ____________________________________________ Doctor Office Number ______________________________________

____ (Initial) In case of health emergency, if I and my backup person cannot be contacted, BYA staff is allowed to contact the family physician directly. I give permission to the physician/hospital selected by the BYA staff or volunteer to secure and administer treatment for my child, including hospitalization. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit.

____ (Initial) It is the parent's responsibility to keep the child's medical information current. I/We will fill out an updated form when there is a change.

Parent/Guardian Signature: ___________________________ Date: ______________

Parent/Guardian Signature: ___________________________ Date: ______________