Honpa Hongwanji Mission of Hawaii Young Adults Retreat 8

Buddhist Study Center, Oahu

June 22-24, 2018

Participant Informa	ition								
Last Name				First Na	me				
Nickname		I	Mailing Address						
Cell phone				E-mail					
Age	Birthdate		2			Ger	ider		
How did you hear about YAR?	ear								
Emergency Contact Information									
In case of emergency	, who should	d we contact?							
Name				R	Relationship				
Phone number				S	econdary No.				
If this person cannot be contacted, who should we call?									
Name				R	Relationship				
Phone Number				S	Secondary No.				
Medical Informatio	n								
Physician's name					Phone number				
Type of medical insurance				Policy numb	er				
Describe any medical information to be aware of (i.e. allergies, medications):									
Special dietary needs (i.e. vegetarian):		rian):							
Agreement and Signature									
hazards incidental to suc of Hawaii, the affiliated to out of any injury to me v In case of emergency, ar	ch participation; temples, the mi whether the resi nd neither of the eatment, includ	and I do hereby wan nisters, members, a ult of negligence or a above nor the fan ing arrangements f	aive, release dvisors, org for any oth nily physicia or emergen	e, absolve, in ganizers, spo er cause. I u n can be rea cy medical ti	demnify and ag nsors, chaperon nderstand that a ched, I hereby a	ree to hold ha les, participan a current med outhorize that	rmless t ts, and p cal insu I may be	Retreat. I assume all risks and he Honpa Hongwanji Mission ersons, for any claim arising rance program must cover metaken to the nearest medical se responsible for any paymer	e.
Participant's Signature						Date	2		
Please make checks pa Buddhist Study Center 1436 University Ave. Honolulu, HI 96822	- Young Adu	lts Retreat			and mail to:				