

# Nalanda Dharma School

## For Official Use Only

Date Received :

Receipt No. :

Amount (RM) : Cash/Cheque

Status :

A / NA / KIV

## Teenagers' Learning Camp Application Form

### Applicant's Particulars

*Please tick where necessary* 

1. Full Name : (E) \_\_\_\_\_ (C) \_\_\_\_\_
2. NRIC No. : \_\_\_\_\_ (Age : \_\_\_\_\_) 3. Gender :  Female  Male
4. E-mail : \_\_\_\_\_ 5. Religion : \_\_\_\_\_
6. Address : \_\_\_\_\_  
\_\_\_\_\_
7. School : \_\_\_\_\_ 8. Telephone No. : \_\_\_\_\_

### Medical Information

*Please tick where necessary* 

1. Gastritis  No  Yes 2. Allergies  No  Yes If yes, please specify. \_\_\_\_\_
3. Special dietary needs?  No  Yes If yes, please specify. \_\_\_\_\_
4. Are you currently taking any medication?  No  Yes If yes, please specify. \_\_\_\_\_
5. Do you have any other physical difficulties or medical condition?  No  Yes If yes, please specify. \_\_\_\_\_
6. Do you have mental disorder such as panic attack, anxiety, schizophrenia or manic depression.  No  Yes  
If yes, please state nature and duration and whether it has been completely cured. \_\_\_\_\_

### Parent's / Guardian's Details

1. Full Name : (E) \_\_\_\_\_ (C) \_\_\_\_\_
2. Handphone No. : \_\_\_\_\_ 3. Telephone No. : \_\_\_\_\_
4. E-mail : \_\_\_\_\_ 5. Occupation : \_\_\_\_\_

### Emergency Contact

*Please tick where necessary* 

**Same as above:**  Yes  No If no, please fill in the below particulars.

1. Full Name : (E) \_\_\_\_\_ (C) \_\_\_\_\_
2. Relationship with applicant : \_\_\_\_\_ 3. Handphone No. : \_\_\_\_\_
4. Address : \_\_\_\_\_  
\_\_\_\_\_

### Parent's / Guardian's Declaration

*Please tick where necessary* 

I (name of Parent/Guardian) \_\_\_\_\_ hereby give permission to (name of Applicant) \_\_\_\_\_ to take part in the Learning Camp and declare that all the above information is true.

I understand that although every precaution will be taken to ensure the safety of the above applicant, I will not hold Nalanda Buddhist Society or its appointed agents/helpers responsible for any mishap. I hereby give permission for appropriate actions to be taken should medical emergencies occur.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_