

青少年学习营

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 : _____