

**You're invited to the 2017 Truong Buu Diep Youth Event!**



# TBDFELLOWSHIP Summer Camp

Nhóm Tuổi Trẻ Cha Diệp (TBDFellowship) sẽ tổ chức cắm trại qua đêm tại Mile Square Park, tp Fountain Valley, CA. Thân mời các bạn trẻ từ 18 đến 35, có thể TBDF, ghi danh tham dự (lệ phí \$10.00). Chương trình Trại gồm có: Thi nấu ăn, trò chơi có thưởng, đố vui, văn nghệ lửa trại, và sinh hoạt giới trẻ với chủ đề:

**KHOI TÌNH BẠN, GẠM KHẢ NĂNG, TĂNG PHỤC VỤ**

**Where:** Mile Square Park, Fountain Valley, California

**When:** Sat 1<sup>st</sup> & Sun 2<sup>nd</sup>, July, 2017

**Time:** Start 9 am on Saturday, End 4 pm on Sunday.



*Nhận Phiếu Ghi Danh tại văn phòng TBDF từ June 1<sup>st</sup>, 2017.  
Chỉ nhận tối đa 50 trại viên, ưu tiên cho người ghi danh trước.*



TRUONG BUU DIEP FOUNDATION (TBDF)  
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*TBDF – An Exempt Organization Section 501(c)(3)*

## **TBDFELLOWSHIP Summer Camp Registration Form**

Truong Buu Diep Foundation ® (“TBDF”) hosts a Summer Camp Day at Mile Square Park in Fountain Valley, California on July 1<sup>st</sup> & 2<sup>nd</sup>, 2017 for members of TBDFellowship between the ages of 18-35. The slogan for this camp: KHƠI TÌNH BẠN, GẶP KHẢ NĂNG, TẶNG PHỤC VỤ.

To be eligible to attend TBDF Summer Camp, participants must complete this Registration Form and our Medical Release Form along with the Medical Care Authorization and Waiver and Release of Liability from TBDF.

**Return this completed form to: Truong Buu Diep Foundation ® - Reception desk**

Participant Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ TBDF Card No.: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Cell 1: (\_\_\_\_) \_\_\_\_\_ Phone #1: (\_\_\_\_) \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Cell 2: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

### **MEDICAL INFORMATION**

Medical Center Name: \_\_\_\_\_

Contact Person's Name & Phone: \_\_\_\_\_

**List of allergies you may have (food, others)**

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**List any other information that you think would be valuable for TBDF Summer Camp staff to be aware of that would make your day with us more enjoyable for you:**

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**RELEASE OF LIABILITY**

I hereby release and hold harmless TBDF, its officers, employees, agents, representatives, volunteers, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by TBDF. I understand that this release and indemnification releases liability for the conduct of TBDF and its officers, employees, agents, representatives, volunteers, assigns.

**PHOTO RELEASE**

The undersigned gives permission to TBDF to use photographs and audio and/or video recordings of the TBDF Summer Camp Participant for marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites, TBDF Summer Camp albums, TBDF newsletters, TV Shows..., which contain information given to young adult people. TBDF respects the privacy of its Summer Camp Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

**PARTICIPATION CONSENT**

The undersigned consents to participate in any and all activities, including transportation (if needed) to and from TBDF Summer Camp for camp activities, except those specifically prohibited by the Participant's physician.

X \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature

*Note:*

*The camp best serve for max 50 campers. Priority based on submission date of this form.*