



Instructions:

1. Please use a black/blue pen and print legibly. Apply in-person at the LA Center or by mail (see Registration Information sheet).
2. Please see Registration Information sheet for complete details. Applicants will be notified by email regarding acceptance.
3. Participants with special medical conditions should be accompanied by someone who is able to provide necessary care. The organizer reserves the right to deny participation to anyone deemed physically or mentally unfit. Those with a contagious disease, have not fully recovered, or have yet to receive medical clearance from a doctor should not register.

Precepts Period: 5/25 ~ 28, 2018

Group :

No. LA18---

<p>Affix one photo here (top edge only)</p>	<p>A. Applicant Information (* indicate required fields)</p>		
<p>Affix one photo here</p> <p>Please write your name on the Back of your photos with pencil. (See the appendix of "Registration Information Sheet" for photo specifications)</p>	* Last name:		*First name:
	*Nationality:	*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	*Height (for robe/sash): _____cm
	*State: <input type="checkbox"/> CA <input type="checkbox"/> Outside of CA	*Date of Birth (mm/dd/yyyy):	
	*Address:		
	*Tel: (D) _____ (N) _____	*Mobile phone: _____	
	*E-mail: _____		
	Highest level of education: <input type="checkbox"/> Elementary to High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate/PhD or above		Occupation: <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Retired Job title: _____
* Previously taken Refuge in the Three Jewels under DDM: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Location: _____ Dharma name: _____)			
*Previously received Bodhisattva Precepts: <input type="checkbox"/> No <input type="checkbox"/> Yes, under DDM <input type="checkbox"/> Yes, not under DDM			
* Role within DDM (select all that applies): <input type="checkbox"/> General participant of DDM events <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Honorary Director <input type="checkbox"/> Donor <input type="checkbox"/> Agrees with DDM philosophies			
* Currently/previously involved with DDMBA groups (select all that applies): <input type="checkbox"/> Study Group <input type="checkbox"/> Buddha's Name Recitation <input type="checkbox"/> Chan Meditation <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____			
* Dormitory accommodations (only for those living more than 50 miles from the Center): <input type="checkbox"/> No <input type="checkbox"/> No, will arrange own accommodations <input type="checkbox"/> Yes, need dormitory accommodations (do you snore? <input type="checkbox"/> No <input type="checkbox"/> Yes)			
*Translation needed: <input type="checkbox"/> No <input type="checkbox"/> Cantonese <input type="checkbox"/> English			
*Able to prostrate and kneel: <input type="checkbox"/> No, chair seating needed <input type="checkbox"/> Yes			
*Medicine meal (dinner) needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			

- *Fees: \$180 for registration, meals, ceremonial sash, certificate and tablets
 \$300 for registration (\$180) plus dormitory accommodations (\$120), separate checks please
 \$50 for ceremonial black robe (mandatory during entire event, pick up before/at Check-In)

Total enclosed: \$ _____ (please make checks payable to "DDMBA LA Foundation")

B. Emergency Contact Information (* indicates required fields)

Emergency Contact	* _____ (Full name) has agreed to be my emergency contact.	*Relationship: _____
	*Tel : (H) _____ (O) _____ *Mobile phone: _____	
	*e-mail: _____	

C. Health Information (* indicates required fields)

- *1. Please rate your health: Very good Good Fair Poor Very poor
2. Any recent major surgeries or injuries: No Yes
3. Do you have any of the following: Heart / cardiovascular disease High / low blood pressure
 Asthma Epilepsy Diabetes Cancer Infectious disease Severe anemia
 Dizziness / vertigo Impaired mobility Spine injury Psychological disorder
 Other: _____)
- * 4. Do you have medication that requires refrigeration or medical equipment that you need to use during the event:
 No Yes, please explain _____
- *5. All meals will be vegetarian. Please list any food allergies: _____

D. Ancestor Memorial Tablet (maximum of two)

*Ancestor's last name: father's side _____ mother's side _____
 (For married women, please write down the last names of your birth parents, or parents in-law, or last names of either parent from either side of the family.)

E. Acknowledgement

Under the Personal Information Protection Act, we need your consent before obtaining your personal information. Please read the following carefully:

1. Your personal information is required to promote Buddhist practice, education, learning, care, and services.
2. Personal information includes name and contact information as stated in the application form.
3. DDM and its related Buddhist non-profit organizations around the world will use your information through electronic or non-electronic means to provide you with continuing care and service.
4. You have the right to (a) see and obtain a copy of the information that we have collected from you, (b) update or correct this information (proof of change may be required), and (c) request an end to the use of this information and its removal from our records as permitted by law.
5. You have the right to provide or not provide your personal information. However, DDM will not be able to provide you with comprehensive care and service if you choose not to give us this information.
6. During the event, photos and videos will be taken and published in relevant newsletters and reports.
7. Applicants under the age of 18 must obtain the consent and signature of their parent / legal guardian.

*Signature of Applicant _____ *Date _____
 *Printed Name and Signature of Parent / Legal Guardian _____