佛光青年

Full Name:	**Date of Birth:** D M Y	
	Gender: F M	
Address: **State:** **Postcode:**	**Home phone:**	**Mobile phone:**
Email: (please ensure this is a valid email since the main form of contact would be via email.)	**Do you have any allergies or medical conditions?** Yes No	
Which school do you currently attend?	**Details of medical condition** (if any).	

Which subjects are you undertaking for the HSC (or at school)?

English ESL	Chemistry
English Standard	Biology
English Advanced	Physics
English Ext 1	Senior Science
English Ext 2	Business Studies
General Mathematics	Economics
Mathematics 2U	Legal Studies
Mathematics Ext 1	Modern History
Mathematics Ext 2	Ancient History
PDHPE	Any other subject:_____

Which subjects would you like to improve during this study camp?
(State two subjects)

1. **2.**

How did you know about the High School Study Camp?

Friends	Facebook	Other: (Please state)
Website	Temple	_____
School	Youth Group	

Emergency Contact Details	
Full Name:	**Relationship with participant:**
Home Phone:	**Mobile Phone:**

Any additional information you would like BLIA-YAD SYD to know regarding your application:

Agreement:

I agree that all rules and registrations are set in the best interest of all participants and I agree to comply with all rules and regulations. I agree that Nan Tien Temple, Parramatta Branch and BLIA-YAD Sydney will not be held responsible for any misadventure, damage, loss, and or injuries sustained by me and or caused as the result of the conduct of other participants or the organisers. I declare I have read and fully understood the content of this application and disclaimer. I verify that all information disclosed is true to the best of my knowledge.

I have read and understand the above conditions and rules set by BLIA-YAD, SYD Subdivision for the "2017 high school study camp" and agree to abide by them.

I accept

Signed: _____