



法鼓山密西根聯絡處親子營 2006 DDMBA- MI CHAPTER FAMILY CAMP 招生簡章

- 營期： 2006年8月5日（星期六）至6日（星期日）
2006年8月4日（星期五）另設有親子活動工作坊歡迎家長勇躍參加
- 營址： 14791 Beardslee Rd, Perry, MI 48872
連絡電話： 517-675-2056
- 課程內容： 自然環保體驗 (Sharing Nature <http://www.sharingnature.com/>), 探索教育 (Project Adventure <http://www.pa.org/>), 倫理關係認知, 禪的生活, 古早童玩製作等。
- 師資： 由法鼓山台灣總會選派優良教師教授課程。
- 報名資格： 六歲以上（2000年6月30以前出生者）
十五歲以下者須有成人同時報名
- 名額又限, 先報先收, 額滿為止。全程參與者優先。
- 住宿： 露營, 通舖(空間有限), 當地朋友家, 當地旅館(可提供資訊)
- 報名日期： 即日起至七月十五日止, 若報名截止前名額已滿, 則按照報名先後順序列入候補名單。報名時需繳交填妥及簽名的報名表、支票（恕不收現金）及身體檢查表。
- 收費： 成人\$80.00, 十八歲以下\$60.00, 全家\$200.00（參加一日者減半）
— 包括教師車馬費, 材料費, 及餐點飲料, **六月三十日前報名者八折優待**, 七月十五日後恕不退款, 支票請開 **DDMBA-MI c/o Li-Hua Kong**



2006 法鼓山密西根聯絡處 親子營及親子活動工作坊課程表

	Fri 8/4	Sat 8/5	Sun 8/6	Mon 8/7
07:00			打板	
07:30 – 08:00			法鼓八式動禪一	
08:00 – 09:00			早餐	
09:00 – 10:30	親子活動工作坊 (探索教育(PA))	祥雲來集 報到 (09:00 – 10:00)	親子課程 (自我探索 (PA))	
10:30 – 10:45	休息	親子課程 (10:00 – 12:00)	休息	
10:45 – 12:00	親子活動工作坊 (童玩製作親子 DIY)	(相見歡..佛曲教 唱... 學佛行儀)	親子課程 (和平吉祥)	
12:00 – 02:00	午餐	午餐	午餐	
02:00 – 03:30	親子活動工作坊 (和平吉祥)	親子課程 (童玩製作親子 DIY)	親子課程 (2:00 – 4:00)	
03:30 – 03:45	休息	休息	(體驗自然)	
03:45 – 05:00	親子活動工作坊 (體驗自然)	親子課程 (體驗自然)	4:00 親子營圓滿 (智慧 100 有獎徵 答)	
05:00 – 05:30		休息		
05:30 – 07:00		晚餐		
07:00 – 09:30		營火晚會		親子活動工作 坊 (探索教育 (PA)..分享檢 討



2006 DDMBA-MI CHAPTER FAMILY CAMP

Physical Exam Form (健康檢查表)

The upper part to be filled in by parent/guardian or adult campers/staff members themselves

Name: _____ Date of Birth: ____/____/19____ Sex: _____
First Initial Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home) _____ (Work) _____
Father/Guardian Mother

Emergency Contact (Please give name, address and daytime phone of two person other then parent/guardian)

Name: _____ Name: _____

Daytime Phone: _____ Daytime Phone: _____

Medical History (check and give dates)

Asthma _____	Diabetes _____	Mononucleosis _____
Bleeding disorder _____	Heart disease _____	Psychiatric treatment _____
Chicken pox _____	Hypertension _____	Recurrent ear infection _____
Convulsions _____	Kidney disease _____	Others _____

Past surgical history: _____ Family medical history: _____ Allergies: _____

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

The lower part to be filled by Physician

Immunization Records

DPT _____

HIB _____

OPV _____

Hepatitis B _____

Physical Examination

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT ____ Lungs ____ Heart ____ Abd ____ Back ____ Ext ____ Neuro ____

I have examined the person described and have reviewed his/her medical history.

He/She is ___ is not ___ with restrictions _____ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician's Signature _____ Date _____

Address _____

Phone _____



**2006 DDMBA-MI CHAPTER Family CAMP
APPLICATION FORM (報名表)**

Name:	Chinese Name(if any):		
Date of Birth: (mm/dd/yyyy)	/ /	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Languages: English:	<input type="checkbox"/> proficient	<input type="checkbox"/> some	<input type="checkbox"/> none
	Chinese:	<input type="checkbox"/> proficient	<input type="checkbox"/> some <input type="checkbox"/> none
Participated Activities:	Family Camp	<input type="checkbox"/> 8/5 <input type="checkbox"/> 8/6	Workshop <input type="checkbox"/> 8/4 <input type="checkbox"/> 8/7
Loading:	<input type="checkbox"/> Camping	<input type="checkbox"/> Indoor (on floor)	<input type="checkbox"/> Local (Friend's Home) <input type="checkbox"/> Local Hotel/Motel
Home Address:			
Home Phone:			
Father's Name:			
Work Phone :		Fax No.:	
Mother's Name:			
Work Phone :		Fax No.:	
Emergency Contact Name:			Phone:

Medical Information: The attached Form Must be filled out by you (1st part) and your physician (2nd part), please also list all **known** allergies and medical conditions here:

Medical Insurance Carrier: _____
Policy No./Group ID: _____

Release of Liability Statement:
In consideration of the activities at DDMBA-MI Family Camp, 14791 Beardslee Rd, Perry, MI 48872 sponsored by the DDMBA-MI, it is hereby understood and agreed that the said DDMBA-MI or their officers severally, will not be held responsible for any injury or accident sustained by a member or our party or anyone else.

For adults:
Emergency Medical Release: In case of emergency, permission in hereby given that me is to be treated by the area's hospitals.
Signature: _____ Date: _____
Name (Please Print) _____

For juvenile
Emergency Medical Release: In case of emergency, permission in hereby given that my child is to be treated by the area's hospitals.
Signature of Parent/Guardian: _____ Date: _____
Name of Signing Parent/Guardian (Please Print) _____