



2006 DDMBA- MI CHAPTER FAMILY CAMP

Time : Saturday 8/5/2006 to Sunday 8/6/2006
Welcome the parents to join us on Friday 8/4/2006 for the family activities workshop

Place : 14791 Beardslee Rd, Perry, MI 48872

Telephone: 517-675-2056

Activities: Activities are based on Sharing Nature (<http://www.sharingnature.com/>), Project Adventure (<http://www.pa.org/>), DIY, and Cha'n (Zan) Practice

Teachers: Experienced Family Activities Teachers from Dharma Drum Mountain Buddhist Association (DDMBA)

Requirements : Age 6 or older

Age below 15 needs to be accompanied by an adult

The space is limited, and is on the first come first served basis (priority is given to full two day camp participants. Please register at your earliest convenience.

Lodging: Large grassed area available for camping, limited spaced available to sleep indoor on carpeted floor, Stay w/ local friend or in local hotel/motels (information available upon request)

Applications: Accepted until 7/15/2006
Will be putting on the waiting list if registration is full
Please submit completed Application Form, Physical Exam Form and a Check

Fee: Adult \$80.00, 18 and younger \$60.00, Family \$200.00 (half for one day camp participants) including teacher's traveling cost, material cost, meals and refreshments. **20% discount if registered before 6/30/2006.** No refund after 7/15/2006.
Please make check payable to DDMBA-MI c/o Li-hua Kong



2006 DDMBA MI Chapter Family Camp and Workshop Schedule

	Fri 8/4	Sat 8/5	Sun 8/6	Mon 8/7
07:00			Wakeup Call	
07:30 – 08:00			Ch'an in Motions	
08:00 – 09:00			Breakfast	
09:00 – 10:30	Workshop (Project Adventure)	Warm up Activities (09:00 – 10:00)	Family Activities (Project Adventure)	
		Family Activities (10:00 – 12:00)		
10:30 – 10:45	Break	(Camp Song & Introduction)	Break	
10:45 – 12:00	Workshop (DIY)		Family Activities (Living Ch'an)	
12:00 – 02:00	Lunch	Lunch	Lunch	
02:00 – 03:30	Workshop (Living Ch'an)	Family Activities (DIY)	Family Activities (2:00 – 4:00) (Sharing Nature)	
03:30 – 03:45	Break	Break		
03:45 – 05:00	Workshop (Sharing Nature)	Family Activities (Sharing Nature)	4:00 Farewell Activities (Games & Awards)	
05:00 – 05:30		Break		
05:30 – 07:00		Dinner		
07:00 – 09:30		Family Activities by the Campfire		Workshop (Project Adventure).. Experience Sharing



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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) _____