



多倫多慈濟大專青年聯誼會 - 營隊籌備小組
第十一屆多倫多慈青暑期生活營報名表

營隊主題	【讓愛傳出去】
日期	2010年8月28~8月31日(四天三夜)
費用	CAD \$110.00
地點	Mansfield Outdoor Centre 937365 Airport Road, Mansfield, ON L0N 1M0
性質	<p>以輕鬆活潑，溫馨感人的方式來：</p> <ul style="list-style-type: none">• 介紹慈濟精神與理念、四大志業和八大法印。• 學習生活禮儀。• 瞭解中國人傳統的倫理觀念。• 體驗和他人相處的不同方式與態度。• 見識世間的苦難，領悟自己的幸福而為他人付出。• 用心愛護地球，用雙手膚慰地球，一起與地球共生息。
方式	<p>以上課、分享、小組討論和團康遊戲等方式來達到營隊目的</p> <ul style="list-style-type: none">• 在小組時間裡，引導夥伴進行分享和討論課堂上的內容或自己的感觸，並讓大家對慈濟有更進一步的認識。• 邀請慈濟志工或慈青來為我們講課及分享在慈濟的成長經驗。• 讓夥伴們了解到慈濟的人文精神。
宗旨	<p>希望在四天三夜的營隊中，夥伴們除了能多幾位知心的好朋友以外，同時也對自己的生命價值觀和對待人、事、物的看法能有所領悟。</p> <ul style="list-style-type: none">• 證嚴法師期許慈青能成為校園的一股清流。自從多倫多大學慈青社成立以後，吸引了不少年輕學子的參與，而舉辦營隊可讓夥伴們更加了解慈濟，同時也感受到慈濟大家庭的溫暖。 <p>目前在多倫多及其他地區都已經成立慈濟大專青年聯誼會，希望在整個營隊的相處中，來自各區的夥伴們都能更加體會到慈濟精神，並將生活禮儀落實在日常生活當中</p>
報名方式	<p>慈濟多倫多支會：3636 Steeles Avenue East. Unit#313, Markham ON, L3R 1K9 Tel: (905) 947-1182 E-mail: tor_tc@yahoo.com.tw</p> <p>慈濟西多倫多聯絡處：5555 Eglinton Avenue West. Unit #119, Etobicoke, ON, M9C 5M1 Tel: (416) 621-7996 E-mail: mississaugatc@gmail.com</p>



**Buddhist Compassion Relief Tzu-Chi Foundation - Toronto Youth Association
2010 Toronto Tzu Chi Youth Association Retreat Application Form**

Theme	【Spreading Love】
Date	August 28 th , 2010 ~ August 31 st , 2010 (4 Days 3 Nights)
Cost	CAD \$110.00
Location	Mansfield Outdoor Centre 937365 Airport Road, Mansfield, ON L0N 1M0
Content	<p>We hope to use vivid, lively, and touching methods of presentation to bring the following materials to the participants.</p> <ul style="list-style-type: none"> • Introduce Tzu Chi, Tzu Chi's spirit, ideas, history, and 8 major missions. • Recall and reinforce the traditional Chinese ethical concepts, such as filial piety. • Recognize the suffering in the world and appreciate our good fortunes and step further to learn to give. • Experience different ways of getting along with diverse people. • To love the Earth by heart, to comfort the Earth with hands, and to live along with the Earth.
Method	<p>We will bring out lectures, games, group discussions and other formats of presentation throughout the retreat to reach our purpose.</p> <ul style="list-style-type: none"> • We will have group sharing time – to discuss the content of the lectures, to express your own feelings and reactions, and to answer questions that you may have. • Invite Tzu Chi members from local and distant branches and chapters to present lectures or share their accomplishments in Tzu Chi.
Purpose	<p>We hope that in the four days of retreat, you will meet great friends. Also, you will be able to learn about your own priorities and values in life, how to face obstacles, and how to get along with others</p> <ul style="list-style-type: none"> • Moreover, we hope to deepen your knowledge of Tzu Chi and impart unto you a sense of gratefulness to everything in this world. We hope that someday, the seed of compassion will bloom in your hearts. • Master Cheng-Yen hopes for Tzu Chi Youth to be a clear and pure stream influence in society and their school campuses. Since the establishment of the University of Toronto and University of Waterloo Tzu Chi Youth Group, many university students in downtown Toronto and Waterloo became interested in Tzu Chi. The retreat will be the best way to interact with those students. The retreat will not only give them a chance to know about Tzu Chi, it will also give them different perspectives of their daily lives and thoughts. • Not only in Toronto, but also other cities in Ontario, Tzu Chi Youth volunteers are gradually increasing in number. We hope that by participating in the retreat, the volunteers are able to experience the so-called “Tzu Chi spirit.” By helping Tzu Chi Youth in retreat work prior to the retreat; the volunteers will get to know Tzu Chi Youth better and thus join Tzu Chi Youth in the future.
Contact Information	<p>Tzu Chi Toronto Branch : 3636 Steeles Avenue East. Unit#313, Markham ON, L3R 1K9 Tel: (905) 947-1182 E-Mail: tor_tc@yahoo.com.tw West Toronto Branch : 5555 Eglinton Avenue West. Unit #119, Etobicoke, ON, M9C 5M1 Tel: (416) 621-7996 E-mail: mississaugatc@gmail.com</p>

注意事項 Important Notice

1. 請將報名表和免責任受權書填妥後，並和營隊費用盡快於七月四日, 2010 前交回各報名地點，以完成報名。
Please return the completed retreat application and waiver form before July 4, 2010 to any Tzu Chi offices in the GTA along with the camp fee as complete registration.
2. 年紀須在16 (1994年8月28日前出生) ~23歲之間，願意配合四天三夜的行程。名額將會以報名順序決定。如果您是1994年8月後生日，您將被列入後補名單。
Participants must be between the ages of 16 (born before Aug 28th, 1994) to 23, and willing to participate fully accordingly to the retreat schedule. Applications are accepted on a first come first serve basis. You will be placed on the waiting list if you are born after the date listed.
3. 今年營隊費用為CAD\$110，包括住宿、伙食、交通、制服、及手冊費用。報名時請繳現金。
 - a. 若有緊急事故或重大疾病，無法參與營隊者，退費將扣掉住宿及交通，只退CAD\$50。
除此之外如因個人因素無法參與營隊，將無法退費，如有不便之處，盡請見諒。
 - b. 如您已有去年營隊制服(兩件)，我們將在營中退回制服的費用。\$10。
 - c. 如果營隊因新流感取消，所有費用會全額退回。
This year's retreat fee will be CAD\$110, which includes residency, vegetarian meals, transportation, two camp T-Shirts, and the retreat handbook as well. Cash only please.
 - a. CAD\$50 will be refunded in case of urgent circumstances only, excluding residency and transportation due to advanced booking. Any absence due to any personal reasons will not be refunded. Sorry for any inconvenience this may cause.
 - b. The CAD\$10 fee for the two camp T-Shirts will be refunded if you already have them from the previous camp.
 - c. If the retreat is cancelled due to the swine (H1N1) flu, all fees will be refunded.
4. 營隊收據將會在營隊報名當天統一發出。
All participants will receive the retreat receipt on the first day of the retreat during registration.
5. 營隊當中皆提供素食，請勿攜帶葷食或菸酒。
Vegetarian meals will be served during the entire retreat; please do not bring meat, tobacco, or alcohol.
6. 請勿攜帶任何危險和貴重物品(例如: 手機、相機、MP3隨身聽或現金等)，如有任何意外或遺失，請自行負責。
Please do not bring any dangerous objects and personal valuables such as cell phones, cameras, MP3 players, money, etc. The retreat assumes absolutely no responsibility for any accidental or lost occurrences.
7. 營隊課程內容皆以中文進行。如需英文翻譯請在下面報名表中另外勾選。
Please do note that the content of the entire retreat will be held mainly in Mandarin. Please specify on the form if you need any English translation.
8. 請自行攜帶個人隨身藥物 (i.e.: 過敏藥...etc)。
Please bring any medications you may require. (i.e.: Allergy related prescription pills, etc)
9. 營隊期間將會安排戶外的課程，如有需要，請自行攜帶防曬乳液以及防蚊蟲叮咬的藥膏。
Due to the location of our retreat, we will be hosting outdoor activities. Please prepare your own personal items such as sunscreen and bug repellent.



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2010 Toronto Tzu Chi Youth Association Retreat Application Form

中文姓名 Chinese Name		英文姓名 English Name	
出生日期 Birthday	(yyyy/mm/dd)	性別 Gender	<input type="checkbox"/> 男/Male <input type="checkbox"/> 女/Female
電子郵件 E-Mail		OHIP #	
聯絡電話 Phone Number		行動電話 Mobile Number	
聯絡地址 Contact Address (Unit #, street number, street name, city, postal code)		營隊 T-shirt 大小 Camp T-shirt Size	<input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> XS 註:如已有去年營隊兩件制服, 則不需勾選 Note :Please skip this section if you already have 2 camp T-Shirts from last year
緊急聯絡人姓名 Emergency Contact Name		緊急聯絡人電話 Emergency Contact Number	
是否有任何身體或心理上的疾病? 例如藥物、食物過敏或氣喘? Any notable illnesses or disorder such as allergies, asthma, or depression?		有無需要服用任何特殊藥物或身體有特殊需要? Any medication or special services required?	
就讀學校 School		就讀年級 Grade	
流利語言 Fluent Language	<input type="checkbox"/> 國語 Mandarin <input type="checkbox"/> 台語 Taiwanese <input type="checkbox"/> 粵語 Cantonese <input type="checkbox"/> 英語 English <input type="checkbox"/> 法語 French <input type="checkbox"/> 其他 Others _____ <input type="checkbox"/> 需要英文翻譯 Need English Translation		
中文聽力 Mandarin Listening	(Weak)	1	2 3 4 5 (Strong)
中文書寫/閱讀 Mandarin Reading & Writing	(Weak)	1	2 3 4 5 (Strong)
中文口說 Mandarin Speaking	(Weak)	1	2 3 4 5 (Strong)
英文聽說 English Listening & Speaking	(Weak)	1	2 3 4 5 (Strong)
英文書寫/閱讀 English Reading & Writing	(Weak)	1	2 3 4 5 (Strong)
暑假是否離開多倫多? Will you be away from Toronto during summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	離開多倫多的時間 The period of time that you will be away during summer ____/____ ~ ____/____		
您是如何得知此營隊? How did you know about this camp?			
請寫出和您一起參加營隊的親戚朋友或認識的慈青幹部的姓名 Please list out any camp participants and/or camp staff that you know of in full name ☺			
請簽您的大名/Sign here please	監護人請簽名 (未滿 18)/Guardian Signature (under 18)		日期/Date

是否接機/ 火車 Airport/Train Station Pick-up	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 日期 (Date): _____ 航班號碼 (Flight#): _____ (Ex: AC1234) 機場/車站 Airport/Station: _____ 抵達時間(Arrival Time): _____ (Ex: 19:30)
是否接機/ 火車 Airport/Train Station Drop-off	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes 日期 (Date): _____ 航班號碼 (Flight#): _____ (Ex: AC1234) 機場/車站 Airport/Station: _____ 起飛時間(Departure Time): _____ (Ex: 19:30)

For office use only 收到報名表、營隊費用、免責任授權書 日期: _____ 時間: _____



免責任授權書
RELEASE, INDEMNITY & CONSENT

I, the participant undersigned, hereby apply to take part in the event known as “2010 Toronto Tzu Chi Youth Association Retreat”, to be held at the date and place as follows:

Date: Friday, August 27, 2010 ~ Tuesday, August 31, 2010

Place: Mansfield Outdoor Centre 937365 Airport Road, Mansfield, ON L0N 1M0

In consideration of the application herein being accepted by the Tzu Chi Foundation (the “Organizer”), I hereby, for myself, my heirs, executors, administrators and assigns release the Organizer, its respective servants, agents, employees or volunteers from, and agree to indemnify them for, any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending or participating in the Toronto Tzu Chi Youth Association Retreat, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of the Organizer, its servants, agent, employees or volunteers.

Where in the option of the Organizer there is an emergency, I hereby consent to the Organizer seeking for myself whatever medical assistance it may deem necessary for my best interest.

This section is to be completed and signed by all participants.

Name of Participant : _____
Signature of Participant : _____
Phone number of Participant : _____

This section is to be completed and signed by the parent or legal guardian of all participants under the age of 18.

Name of the Parent/Guardian : _____
Signature of the Parent/Guardian : _____
Phone number of Parent/Guardian : _____

影像授權書 Video/Photo Consent

我了解在營隊當中，工作人員將會攝影、拍照，以做為回顧和記錄存檔所用。這些影像將可能會有我的畫面出現，我同意這些畫面使用在回顧影片、記錄存檔以及未來任何慈濟對外的活動/刊物中。

I understand that the staff will be taking photos and video taping during the retreat, and the images would possibly include my appearance. I agree to the use of these images on review video clips, documentary, and any other Tzu Chi activities and publications purposes.

我同意 I agree.

我不同意 I disagree.

If you agree, please sign below.

X
