



Application Form for Hwa Tsang Monastery Children's Bodhi Class

Child's Details	
Full Name:	DOB:
Phone number:	Gender: M / F
Address:	Post Code:
Grade:	School:
Parent Contacts	
Name:	Contact Number:
Relationship to the child:	Address:
Emergency Contacts	
Name:	Contact Number:
Relationship to the child:	Address:
Medical Details	
Medicare Number:	Reference no.:
Name of the family doctor:	Contact No. of the doctor:
Does your child have an allergy? If yes, please specify.	
Does your child have a medical condition that will prevent him/her from participating in certain activities or any medical condition that we should be aware of? If yes, please specify.	
Permission for use of photographs: Yes / No	

I will advise my child to obey the instruction given during the entire activity and acknowledge that the Hwa Tsang Monastery will not be liable for any accidents, or loss or damage of property.

Name: _____ Relationship to the child: _____

Signature: _____ Date: _____