



# 多倫多佛光山《人間學院》課程報名表

## Fo Guang Shan Temple of Toronto "Humanistic College" Registration Form



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Below information will be helpful for the instructor to guide the students.

<b>Course</b>	( )		<b>Session</b>	<input type="checkbox"/> Spring/ <input type="checkbox"/> Summer/ <input type="checkbox"/> Fall ( )	
<b>Last Name</b>	<i>Please print</i>	<b>First</b>	<i>Please print</i>	<b>Register please check one or both:</b> Meditation Class: (Wed)- <input type="checkbox"/> 7:00pm~7:50pm <input type="checkbox"/> Dharma Class: (Wed) - <input type="checkbox"/> 8:00pm~9:30pm <input type="checkbox"/> Dharma Class: (Sat)- <input type="checkbox"/> 10:00am~12:30pm <input type="checkbox"/>	
<b>Tel. #</b>	(Home) ( ) -	(Cell) ( ) -	<b>Date of Birth:</b> YY / MM / DD Age:		
<b>Address</b>	Street Address		<b>E-Mail:</b>		
	City / Province /Postal Code		<b>Education</b>	<b>Occupation</b>	
<b>Emergency Contact</b>	<b>Name of Person</b>			<b>Tel(Home):</b> ( ) ---	
	<b>Relationship</b>			<b>Tel(Cell):</b> ( ) ---	
<b>Medical Information</b>	<b>Allergies:</b> <input type="checkbox"/> Yes ___ <input type="checkbox"/> No ___ ; If yes, please specify:				
	<b>Needs to carry Epipen or Puffer on person:</b> Yes ___ No ___ <b>Special Medical Conditions or Special Needs:</b> (Please specify)				
<p>I hereby give consent to Fo Guang Shan Temple in taking and using my or my group members' photographs(digital or hard copy, collectively called "Image") and videos/audio/mp3 (collectively called "Recording") for the temple's publications and displays.</p> <p>I understand that it is my sole responsibility to ensure mine and my child's Welfare outside the classroom and to provide up-to-date information to the administration in case of changes.</p> <p>I hereby agree to release and forever discharge, Toronto Fo Guang Shan Temple, its respective Buddhist Clergy, instructors, staffs and volunteers from all liability, whether direct or indirect, and hereby waive all claims, demands expenses, actions and cause of action which may arise from any injury to myself and my children any loss or damage to personal property arising from, or in any way resulting from, my participation in the temple tour. <input type="checkbox"/></p> <p><b>Signature:</b> _____ <b>Date:</b> ____/____/____</p>					
<b>For Office Use Only:</b>					
Fees or Donation Payment: \$ _____ <input type="checkbox"/> Cash or <input type="checkbox"/> Cheque #: _____ (Please make cheque payable to I.B.P.S.)					
<b>Received by:</b> _____ <b>Date:</b> ____/____/____ <b>Receipt No.:</b> _____					

<b>Receipt of Registration</b>				Receipt No.: _____	
<b>Course</b>	( )	<b>Session</b>	<input type="checkbox"/> Spring / <input type="checkbox"/> Summer / <input type="checkbox"/> Fall Year( )		
<b>Last Name</b>		<b>First Name</b>		<b>Chinese Name</b>	
Optional Donation Payment: \$ _____ <input type="checkbox"/> Cash or <input type="checkbox"/> Cheque #: _____			Tel: _____		
<b>Received by:</b>			<b>Date of Registration:</b> ____/____/____		