**Honpa Hongwanji Mission of Hawaii**

**Jodo Shinshu Career Development Workshop**

**Buddhist Study Center – January 28, 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Information | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | First Name | | | | |  | | | | |
| Nickname |  | | | | | Mailing Address | | | |  | | | | | | |
| Cell phone |  | | | | | | E-mail | | | |  | | | | | |
| Age |  | | | Birthdate | |  | | | | | | | | Gender | |  |
| What is your present career goal? |  | | | | | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | | | | | | |
| In case of emergency, who should we contact? | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | Relationship | | | | |  | | | |
| Phone number | |  | | | | | | Secondary No. | | | | |  | | | |
| If this person cannot be contacted, who should we call? | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | Relationship | | | | |  | | | |
| Phone Number | |  | | | | | | Secondary No. | | | | |  | | | |
| Medical Information | | | | | | | | | | | | | | | | |
| Physician’s name | | |  | | | | | | Phone number | | | | | |  | |
| Type of medical insurance | | |  | | | | | | Policy number | | | | | |  | |
| Describe any medical information to be aware of (i.e. allergies, medications): | | | | |  | | | | | | | | | | | |
| Special dietary needs (i.e. vegetarian): | | | | |  | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Agreement and Signature | | | |
| I hereby give my approval to participate in any and all activities at the Honpa Hongwanji Mission of Hawaii Young Adult Retreat. I assume all risks and hazards incidental to such participation; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Honpa Hongwanji Mission of Hawaii, the affiliated temples, the ministers, members, advisors, organizers, sponsors, chaperones, participants, and persons, for any claim arising out of any injury to me whether the result of negligence or for any other cause. I understand that a current medical insurance program must cover me. In case of emergency, and neither of the above nor the family physician can be reached, I hereby authorize that I may be taken to the nearest medical facility for emergency treatment, including arrangements for emergency medical transportation services of which I will be responsible for any payment charged for such services. I acknowledge that the above information is correct. | | | |
| Participant’s Signature |  | Date |  |

## Please make checks payable to “Honpa Hongwanji Mission of Hawaii” and mail to:

*Buddhist Study Center – JS Career Workshop* Phone: 808-973-6555

*1436 University Ave.*

## *Honolulu, HI 96822*

\_\_\_$35 Regular Fee \_\_\_$25 for JYBA and BSCFC members and former members.

Scholarships available. Your Fee is waived if you bring a friend.