

活动报名表格
ACTIVITY REGISTRATION AND INDEMNITY FORM
(FOR ALL THERAPIES AND ACTIVITIES)

活动名称 **Name of Activity:** _____ 日期 **Date:** _____

个人资料 PERSONAL PARTICULARS	<u>NOTE: PLEASE USE BLOCK LETTERS</u>
<p>英文姓名（如居民证所列） Name in English (As in NRIC) _____ 中文姓名（如居民证所列） Name in Chinese (As in NRIC) _____ 国籍 Nationality _____</p> <p>护照 / 居民证号码 Passport / NRIC No.: _____ 出生日期 Date of Birth (dd/mm/yy) _____ 电话 Hand phone _____</p> <p>语文能力（讲） / Language / Dialect Spoken 英文 / English 中文 / Chinese 其他 / Others _____</p> <p>语文能力（写） / Language / Dialect Spoken 英文 / English 中文 / Chinese 其他 / Others _____</p> <p>最高教育水平 / Highest Education Level _____ 宗教 / Religion _____ 性别 / Sex: 男 / Male 女 / Female</p> <p>住址 / Address _____</p> <p>电邮地址 / Email _____ 职业 / Occupation _____</p> <p>紧急联络 / Emergency Contact _____ 紧急联络电话 / Emergency Contact Tel. No _____</p>	
只供身心灵排毒营之学员 Applicable for PuRe Camp Participant Only	
<p>不宜参加断食营者 People who are not suitable for fasting</p> <ol style="list-style-type: none">1. 尿毒症且正在洗肾当中者，因为中断之治疗，会造成生命危险，故不可也。 Patients with uremia and on dialysis2. 末期且衰退之癌症病患均不宜参加。（恐营养突然减少或中断造成代谢酸中毒。） Final stage cancer patients3. 肝硬化有严重黄疸、腹水、水肿者。 Serious liver patients with water retention4. 精神状态不稳定，且仍需服用药物者。 Mental patients5. 脑中风、高血压、严重糖尿病、心律失常及甲状腺失调控制不当者，或需要他人照料者。 Patients with serious stroke, high blood pressure, final stage diabetes and thyroid6. 对断食疗法完全没信心者。 People who do not have confidence in fasting	

健康状况及现在所服药物

Health Conditions & Medicine in use _____

身高 _____ 体重 _____ 肥胖指数 = 体重公斤 / 身高 (平方米)
Height _____ cm Weight _____ kg BMI (Body Mass Indicator) = Wt kg / Ht sq (m sq) _____

标准体重 公斤: 男士 (身高厘米 - 80) x 0.7; 女士 (身高厘米 - 70) x 0.6
Standard weight kg : Male (Height in cm - 80) x 0.7 ; Female (Height in cm - 70) x 0.6

血压 _____ 技能 / 嗜好 _____
Blood Pressure _____ Skills / Interests _____

习惯: 抽烟 / 喝酒 / 迟睡 / 安眠药 / 止痛药
Habits: Smoking / Alcoholic / Sleep late / Sleeping pills / Pain killers

参加身心排毒营之目的
Reason for Joining the PuRe Camp _____

我是 荤食 / 择日素 / 奶蛋素 / 水果素 / 纯植物素 / 全素
I am Omnivore / Part-time Vegetarian / Lacto-ovo Vegetarian / Fruitarian / Vegan Pure Vegetarian

声明 INDEMNITY

我确认以上所提供的资料皆属实。如果我在参与任何服务或活动当中，无论出于任何原因而产生了任何的不良后果，我都同意不向轻安村及轻安地球村、它的职员或代表作任何的责任追究。

I certify that all details furnished above are true. I hereby agree to release and indemnify Kampung Senang Charity and Education Foundation, and Eco-Harmony Global Network Pte. Ltd. and its therapists, employees, and volunteers from all liability in respect of illness, injury, death or any other losses suffered, howsoever caused, in connection with my taking part in any programme, service, event or activity under Kampung Senang Group. I also understand the centre will not be responsible for the loss of or damage to my personal belongings.

申请者签名 Signature of Applicant

申请日期 Date of Application

家长 / 监护声明 (只供 18 岁以下的申请者) INDEMNITY (FOR APPLICANTS UNDER 18 YEARS OF AGE)

我 _____, _____ 的家长 / 监护同意让我的孩子 / 监护者参与此活动。我确认以上所提供的资料皆属实。如果我的孩子 / 监护者在参与任何服务或活动当中，无论出于任何原因而产生了任何的不良后果，我都同意不向轻安村及轻安地球村、它的职员或代表作任何的责任追究。

I _____ Guardian / Parent of _____ allow my child / ward to participate in the above activity. I certify that all details furnished above are true. I hereby agree to release and indemnify Kampung Senang Charity and Education Foundation, and Eco-Harmony Global Network Pte. Ltd. and its therapists, employees, and volunteers from all liability in respect of illness, injury, death or any other losses suffered, howsoever caused, in connection with my child's / ward's taking part in any programme, service, event or activity under Kampung Senang Group. I also understand the centre will not be responsible for the loss of or damage to my child's / ward's personal belongings.

家长 / 监护签名 Signature of Parent / Guardian

申请日期 Date of Application