

多倫多佛光山寺《人間學院》課程報名表 - Markham

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

230 Denison Street, Unit 1, Markham, Ont., L3R 1B6

Tel: 905-944-8301 Fax: 905-944-0170 Web: www.fgs.ca



Course: Meditation (English)			Session: <input type="checkbox"/> Spring / <input type="checkbox"/> Summer / <input type="checkbox"/> Fall / <input type="checkbox"/> Winter ~ Year()		
Last Name	Please print	First	Please print	Chinese Name	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Tel. #	(Home)	(Cell: WhatsApp / WeChat / Text)		Date of Birth: DD /MM /YY	
Address	Street Address			E-Mail:	
	City	/ Province	/Postal Code		
Education		Occupation		Fluent language in:	
Emergency Contact	Name of Person			Tel. #	(Cell ~ available with WhatsApp, WeChat, Line)
	Relationship				(Home)
Medical Information	Allergies: <input type="checkbox"/> Yes ___ <input type="checkbox"/> No ___ ; Needs to carry Epipen or Puffer on person: Yes ___ No ___ If yes, please specify:				
	Special Medical Conditions or Special Needs: (Please specify)				
BLIA Member: Yes___ No___ If YES, you belong to: _____ Sub-Chapter Membership # _____					
<p>I hereby give consent to FGS Buddha's Light Centre (Markham BLC) to take/use my photographs and videos for the temple's publications and displays. I understand that it is my sole responsibility to ensure my Welfare inside/outside the classroom and to provide up-to-date information to the administration in case of changes.</p> <p>I agree that Markham BLC, the instructors, assistants, staffs and volunteers SHALL NOT BE LIABLE for any injury to my person and loss or damage to my personal property arising from, or in any way resulting from, my participation in the activities in the temple.</p> <p><input type="checkbox"/></p>					
Signature: _____ Date: ____/____/____					
Questionnaire:					
(1) Reason(s) why you would like to meditate: _____					
(2) Are you a beginner in meditation? Yes _____ No _____ If answer is "No", please provide details: Number of years meditated: _____ Type(s) of meditation techniques: _____					
Received by: _____ Date: ____/____/____ Student # _____					

Please bring along this Confirmation of Registration to attend classes (Markham FGSHC) 905-944-8301					
Course	Meditation (English)	Session:	<input type="checkbox"/> Spring / <input type="checkbox"/> Summer / <input type="checkbox"/> Fall / <input type="checkbox"/> Winter ~ Year()		
Last Name:	First Name:	Chinese Name:	BLIA Membership #:		
Donation Payment (if any): \$ _____ <input type="checkbox"/> Cash or <input type="checkbox"/> Cheque #: _____				Tel: _____	
Received by:		Date of Registration: DD /MM /YY			
Preferable meditation wearing: -special Retreat Clothing and Arhart Shoes, or -soft, loose, calming and comfortable clothing; -relaxing and light colors, preferable top and pants with same colors; -wear white or black warm socks.					