

JR. YBA MEMBERSHIP APPLICATION FORM

Please **Print** or **Type**

(Note: Must be completed by all new or continuing members)

New Member Renewal of Membership Advisor Minister Advisor

LAST Name: _____ FIRST Name: _____

E-mail Address: _____ Cell Phone: _____

Mailing Address: _____

City: _____, Hawaii Zip: _____ Phone: _____

Male Female Age: _____ Birth date: _____

Grade: _____ School: _____

Jr. YBA Unit Name (Temple): _____ Minister: _____

Father/Guardian LAST Name: _____ FIRST Name: _____

Mother/Guardian LAST Name: _____ FIRST Name: _____

In an emergency, contact: _____ Relationship: _____

At Phone: _____ Pager: _____ Cell Phone: _____

In case we are unable to contact this person, who is your alternative contact person?

Name: _____ Relationship: _____

At Phone: _____ Pager: _____ Cell Phone: _____

Name of Physician: _____ Phone: _____

Describe any medical information that Jr. YBA Advisors should be aware of
(Allergies, medication, health conditions, etc.): _____

Medical Insurance Carrier: _____ Membership #: _____

Subscriber: _____

PLEASE ATTACH COPY OF MEDICAL INSURANCE CARD FOR ADVISOR'S RECORDS.

I/We, the parent(s) hereby give my/our approval for the named applicant to participate in any and all Honpa Hongwanji Mission of Hawaii Jr. YBA activities. I/We assume all risks and hazards incidental to such participation; and I/we 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 my/our child, whether the result of negligence or for any other cause. I/We understand that my/our child must be covered by a current medical insurance program. In case of emergency, and neither of the above nor the family physician can be reached, I/we hereby authorize that my/our child can be taken to the nearest medical facility for emergency treatment, including arrangements for emergency medical transportation services of which I/we will be responsible for any payment charged for such services. I/We acknowledge that the above information is correct. Two parents'/guardians' signatures are required.

PARTICIPANT'S Signature _____ Date: _____

PARENT'S/GUARDIAN'S Signature _____ Date: _____

PARENT'S/GUARDIAN'S Signature _____ Date: _____

MINISTER'S Signature: _____ Date: _____