

紐約州長島慈濟人文學校  
**Tzu Chi Academy, Long Island, New York**  
志工調查表 **Volunteer Survey**

您能協助下列那一項工作 Please check the area(s) you and/or your spouse can volunteer to help

- \_\_\_\_\_ 人文學校愛心爸爸維持安全與秩序 Class father helping with order, safety, and event support
- \_\_\_\_\_ 人文學校愛心媽媽生活輔導 Class mother helping with class activities and counseling
- \_\_\_\_\_ 人文學校老師 Teaching
- \_\_\_\_\_ 慈濟人文學校行政人員 Tzu Chi Academy Staff

特殊專長 Your specialties \_\_\_\_\_

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**I. RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

I hereby acknowledge that I have voluntarily applied for my child \_\_\_\_\_ to participate in all activities conducted by The TZU-CHI ACADEMY (TCA). I agree to defend, indemnify and save harmless, TCA and its officers, chaperons, teachers, volunteers, employees, and other persons associated with TCA from and against any and all claims, demands, losses, defense costs or liability of any kind or nature which the TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of, arising out of, or in any manner connected with my child's participation in all TCA's activities.

I certify that my child has the necessary skills and abilities to participate in all TCA activities and I assume full responsibility for body injury, and loss of personal property, and expenses thereof as a result of my child's negligence in participating in TCA activities. I also agree to instruct my child to abide by the rules or instructions given to them either verbally or in writing by TCA. I further understand that TCA reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in certain activities.

In an emergency, TCA will contact parents first. When parents cannot be reached, the emergency contact will be called. If TCA is unable to contact the student's parents and the emergency contact, I also agree that in the event of illness or accident of my child, any TCA officers, chaperons, teachers, volunteers, employees and other persons associated with TCA, in whose care my child has been entrusted, is authorized to consent to an X-ray examination, anesthetic, medical or surgical diagnosis of my child; to transportation of my child to any hospital and to treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a licensed physician and/or surgeon. I hereby indemnify, discharge and hold harmless TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA from liability because of the exercise of such actions.

**II. PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION**

Buddhist Tzu Chi Foundation, U.S.A. requests permission to use student's name, and reproduce, through audio or visual means, activities related to your child's education. Your signature below will release your authorization, also will enable us to increase public awareness and promote continuation and improvement of educational program through mass media, displays, brochures, etc. The medial mentioned herein including but not limited to photographs, films, slides, internet, video, and audio tape recordings. Granting of permission shall remain in effect through the current school year only. If you have questions or concerns of releasing your authorization, please contract school directly.

家長/監護人(Name) \_\_\_\_\_

簽名 Signature of Parent or Legal Guardian: \_\_\_\_\_ 日期 Date: \_\_\_\_/\_\_\_\_/2019

紐約州長島慈濟人文學校  
Tzu Chi Academy, Long Island, New York

紐約州長島慈濟人文學校註冊收據 (財務組存根聯)  
Tzu Chi Academy, Long Island Registration Receipt (Copy for Accounting)

學生姓名 Student Name: \_\_\_\_\_ 班別 Class: \_\_\_\_\_ (不必填 Official Use Only)

註冊費 Registration Fee: \$30 早註冊折扣 Early Registration Discount: -\$30 手足折扣 Sibling Discount: -\$50 學雜費 Tuition: \$520

合計 Total \$ \_\_\_\_\_ 支票號碼 Check #: \_\_\_\_\_ 現金 Cash

家長簽名 Parents Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_/\_\_\_\_/ 2019

收款人 Receiver: \_\_\_\_\_

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紐約州長島慈濟人文學校註冊收據 (註冊組存根聯)  
Tzu Chi Academy, Long Island Registration Receipt (Copy for Registrar)

學生姓名 Student Name: \_\_\_\_\_ 班別 Class: \_\_\_\_\_ (不必填 Official Use Only)

合計 Total \$ \_\_\_\_\_ 支票號碼 Check #: \_\_\_\_\_ 現金 Cash

家長簽名 Parents Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_/\_\_\_\_/ 2019

收款人 Receiver: \_\_\_\_\_

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紐約州長島慈濟人文學校註冊收據 (家長收執聯)  
Tzu Chi Academy, Long Island Registration Receipt (Copy for Parents)

學生姓名 Student Name: \_\_\_\_\_ 班別 Class: \_\_\_\_\_ (不必填 Official Use Only)

註冊費 Registration Fee: \$30 早註冊折扣 Early Registration Discount: -\$30 手足折扣 Sibling Discount: -\$50 學雜費 Tuition: \$520

合計 Total \$ \_\_\_\_\_ 支票號碼 Check #: \_\_\_\_\_ 現金 Cash

家長簽名 Parents Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_/\_\_\_\_/ 2019

收款人 Receiver: \_\_\_\_\_

開學日期: **09/08/2019** (星期日)

School Begins: Sunday, **September 8, 2019**