

# BCA JYBA LEADERS WORKSHOP

“SAVE THE DATE”

Feb 23- 24, 2019  
Jodo Shinshu Center  
2140 Durant Ave, Berkeley, CA 94704

**FOR:** Current & aspiring High School age  
YBA leaders

**GOAL:** To meet members from other districts,  
and cultivate ideas to help your  
YBA grow and be more successful.

**WHEN:** 2/23/19 All Day

Questions email Koichi Mizushima ([bkmizushima@bcahq.org](mailto:bkmizushima@bcahq.org))



# **BCA JYBA Leaders Workshop Registration Letter**

## **Feb 23 - 24, 2019**

**Greetings everyone,**

You are invited to the 1st annual BCA JYBA Leaders Workshop at the Jodo Shinshu Center, 2140 Durant Avenue, Berkeley, CA 94704. This event is for current and aspiring High School age JYBA leaders. This workshop will bring together leaders from different districts to share the challenges and successes in each of our organizations. We will be working on basic leadership skills, and how to develop ways to make our JYBA groups more successful. I am looking forward to meeting all of you and having a fun & educational weekend!

Please complete a JYBA Leaders Workshop Registration/Waiver Form for each delegate. Please include a \$30.00 registration payment to "Buddhist Churches Of America" with CBE JYBA on the memo line. Here is a link to the registration form. I will also attach a "pdf" copy if you are unable to open the link:

**DELEGATE REGISTRATION LINK:**

<https://docs.google.com/spreadsheets/d/1qYMEKUgqN8mEiRoZBo6Me3zgLtIMQ3KCHG2n-Ahy4FI/edit?usp=sharing>

**[Registration is DUE BY: JANUARY 18th, 2019]**

**BRING:** Toiletries, Sleeping Bag, Pillow, Change of clothes, Onenju. Dress is casual, be comfortable. (If you are flying in we may have some extra sleeping bags and pillows, please email me: [bkmizushima@bcahq.org](mailto:bkmizushima@bcahq.org).)

**ACCOMODATIONS:** Delegates will be sleeping on the floor in sleeping bags overnight. Shower facilities are available. Rooms are available for advisors.

**ADVISOR ROOMS:** Advisor registration is \$20.00.

-Single Dorm Room (single bed w/ common detached bathroom) \$45 per night

-Double Dorm Room (2 beds w/ common detached bathroom) \$60 per night.

-Hotel Room (2 twin beds w/ attached bathroom/shower) \$80 per night.

To reserve a hotel or dorm room contact Glenn Kameda by email: [gkameda@aol.com](mailto:gkameda@aol.com) or phone: (510) 809-1401.

**ADVISOR REGISTRATION LINK:**

<https://docs.google.com/spreadsheets/d/1ZN3uNEQGHWYWNPJZJSXo7xQj9QJ0oya6fKc7BBaSSKk/edit?usp=sharing>

**SCHEDULE:** Registration will begin at 9:00am on Saturday, Feb 23rd, 2019. For those that are travelling from a further distance, a Friday night arrival time can be arranged. Morning service will begin at 10am. Workshops will be held throughout the entire day, and meals will be provided. The Workshop will end on Saturday evening. Delegates may spend the night and depart on Sunday morning.

TENTATIVE SCHEDULE:

**FRIDAY FEB 22**

Time - Early Arrivals

Evening Movie

**SATURDAY FEB 23**

9:00am - Registration/Continental Breakfast

10:00am - Opening Service

11:00am - Workshops

12:00pm - Lunch

1:00pm - Workshops

5:00pm - Dinner

7:30pm - Closing Service

8:00pm - Social Hour/Karaoke Night

**SUNDAY FEB 24**

9:00am - Continental Breakfast/Depart

Hope to see you there! Please share this email with any JYBA groups that are not on this email list. And please don't hesitate to email me with any questions at any time.

Gassho,

Koichi Mizushima

(PS - I have also included the save the date flyer for the annual BCA Summer Youth Retreat)

---

**BCA JYBA LEADERS WORKSHOP FEB 22-24, 2019  
REGISTRATION/WAIVER/MEDICAL FORM  
2140 Durant Ave, Berkeley, CA 94704**

**PARTICIPANT INFORMATION**

Participant Name:		Age:		Grade:	
District:		Chapter:			
Attending Advisor:		Advisor Cell/Email:			
Participant Phone#:		Participant Email:			
Arrival Date:		Departure Date:			

**COMPLETE ONLY IF FLYING IN**

Airline		Any Notes:			
Arrival Flight#/Time		Depart Flight#/time			

**PARENT/GUARDIAN INFORMATION (only 1 name required)**

Parent/Guardian(1)					
Parent/Guardian(2)					
Home Address:					
City, State, Zip:					
Parent Phone1:		Parent Phone2:			
Parent Email1:		Parent Email2:			

**HEALTH INSURANCE INFORMATION**

Insurance Company:		Policy #:			
Medical Doctor:		Phone Number:			

**EMERGENCY CONTACT INFORMATION (NON PARENT/GUARDIAN)**

Contact 1:		Relation:			
Phone 1:		Phone 2:			
Contact 2:		Relation:			
Phone 1:		Phone 2:			

**MEDICAL/DIETARY/ALLERGY INFORMATION**

List any special medical needs or concerns (allergies, conditions, dietary needs, medication, etc...)

**OTHER INFORMATION**

Any other information that leaders should know about. (behavior, life issues, etc...)

**PLEASE SIGN**

**Functions and Activities**

Participating in the programs and activities of the Buddhist Churches of America (BCA) is a privilege. By allowing my child to participate in such activities, I acknowledge that there are certain risks associated with the activities, including physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release the BCA and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against the BCA or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the BCA and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the BCA to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Special Events and Field Trips**

I understand that the child named above may be participating in service projects and social events during church youth events. I understand that during this period my child/ward may take part in activities such as: minor yard work, cleaning, painting, light labor and other activities consistent with the purposes of the church.

**Informational Notes**

All drivers must be 25 years of age with a good driving record. All drivers must meet the requirements of our insurance company, including a Department of Motor Vehicles background check.

**Parent Signature**

I represent that I am the parent/guardian of \_\_\_\_\_ . I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities and events sponsored by or held by the BCA . In consideration for allowing the participation of the child in the activities of the BCA, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assignors.

**Signature of Parent or Legal Guardian** \_\_\_\_\_ **Date**\_\_\_\_\_

**Print Name of Parent or Legal Guardian** \_\_\_\_\_ **Date**\_\_\_\_\_

**Youth Agreement**

I agree to participate in the functions and activities of the BCA, to cooperate with the leaders and other members, and always be on my best behavior. By signing this agreement, I am stating that I am capable of acting in a responsible and mature manner, and am capable of making good decisions. I promise to respect myself, respect all other persons, and respect all property. I will not bring any restricted items to any BCA event. If it becomes necessary for me to be sent home early from an event, this will be done at my parents' expense. I understand that my continued participation in church activities is a privilege.

**Signature of JYBA Participant** \_\_\_\_\_ **Date**\_\_\_\_\_

**Print Name of JYBA Participant** \_\_\_\_\_ **Date**\_\_\_\_\_