



## **SUMMER SESSION**

**June 30th - July 6th, 2019**

### **Greetings Everyone,**

You are invited to attend the 2nd annual BCA Youth Retreat (BYR) Summer Session, which will be held at the Jodo Shinshu Center, located at 2140 Durant Avenue, Berkeley, CA 94704. This event is for High School age youth who are interested in learning more about the dharma.

You will be immersed in a one week retreat that explores the history and teachings of Jodo Shinshu Buddhism. You will learn about chanting, how to ring the kansho, and the basics of how to conduct a service.

Although you will be learning a lot, the week will also be filled with laughter, friendship and fun. The bonds that are created within this short week, can last a lifetime. You will also have the chance to meet and learn from many different ministers within the BCA..

We have an amazing team of ministers and lay instructors who will be spending time with all of you throughout the week. The 20 participants that attended last year had an incredible life-changing experience, and we look forward to sharing this dharma journey with many more groups to come. If you have any questions, please email me at [bkmizushima@bcahq.org](mailto:bkmizushima@bcahq.org).

Please complete the attached Registration Form for each individual:

#### **(READ ONLY DIGITAL) REGISTRATION FORM:**

<https://docs.google.com/spreadsheets/d/1yBjUM5T9fYBWV3kkgkhhbqYt8A9ycp6njF8xBPZ43KI/edit?usp=sharing>

Please include a check for \$300.00 made out to "Buddhist Churches Of America" with "BYR: Summer" on the memo line.

#### **MAIL COMPLETED FORMS TO:**

Jodo Shinshu Center  
BYR: Summer Retreat  
2410 Durant Ave  
Berkeley, CA 94740



**WHAT TO BRING:** Watch, Alarm Clock, Toiletries, Sleeping Bag, Pillow, Bath Towel, Face Towel, Change of clothes, Onenju. Dress is casual, but bring a set of nicer clothes for service. (If you are flying in we have some extra sleeping bags and pillows for you to borrow so please email me to request one: [bkmizushima@bcahq.org](mailto:bkmizushima@bcahq.org).)

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

**SCHEDULE:** This one week retreat begins on Sunday, June 30th, 2019 @ 3:00pm, and ends on Saturday, July 6th, 2019 @ 11:00am. The daily schedule involves waking up early and participating in services, activities and classes throughout day, with plenty of breaks in between. There will also be some late night sessions/activities before bed. There will be field trips and other offsite activities throughout the week. It is an activity filled week, so please make sure you are well rested before attending.

I look forward to your participation. Please share this email with any high school age participants that are not on this email list. And please don't hesitate to email me with any questions.

Gassho,

Koichi Mizushima  
CBE Youth Coordinator  
[bkmizushima@bcahq.org](mailto:bkmizushima@bcahq.org)

**Registration is DUE BY: April 30th, 2019**

Applicants will be notified of acceptance by May 15th, 2019.

**BYR: SUMMER RETREAT JUN 30th - JUL 6th, 2019  
REGISTRATION/WAIVER/MEDICAL FORM**

PRESENTED BY THE BUDDHIST CHURCHES OF AMERICA (BCA) CENTER FOR BUDDHIST EDUCATION (CBE)

**PARTICIPANT INFORMATION**

Participant Name:		Age:		Grade:	
District:		Chapter:			
Participant Phone#:		Participant Email:			

**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...)

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**OTHER INFORMATION**

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

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**RECOMMENDING MINISTER**

NAME:					
SIGNATURE:					

**PARENT & APPLICANT PLEASE READ & SIGN**

**Functions and Activities**

This is a program of the Buddhist Churches of America (BCA). Participating in the programs and activities of the 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 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. I also understand that during this period my child/ward will attend offsite field trips to museums, neighboring temples, or other locations, either by chartered bus, public transportation, automobile or walking.

**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 all BCA activities is a privilege.

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

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

**LIST YOUR ACTIVITIES, HOBBIES OR ANY INTERESTS (TELL US ABOUT YOU!):**

**PLEASE ATTACH A LETTER OF RECOMMENDATION(S) FROM A MINISTER, ADVISOR, OR TEACHER**

**PLEASE ATTACH A SHORT ESSAY (500 WORDS MAX) ABOUT WHO YOU ARE TODAY,  
AND WHO YOU HOPE TO BE 20 YEARS IN THE FUTURE.**

**PLEASE MAIL ALL COMPLETED APPLICATIONS AND PAPERWORK TO:**

**Jodo Shinshu Center  
BYR: Summer Retreat  
2140 Durant Avenue  
Berkeley, CA 94740**

**All applications DUE by April 30th, 2019**