

2017 KPCB Youth Summer Retreat Registration

REGISTER ONLINE: www.gospellifemd.org

CONTACT INFORMATION

Student 1 Name: _____ Birthdate: _____

Student 2 Name: _____ Birthdate: _____

Parent/Guardian: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Additional Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION [] Check here if current information is in our 2017 file. (Just sign below)

Allergies (medication, food, etc): _____

Does your child(ren) have any medical or special needs, including medications currently being used?

No Yes If yes, please explain: _____

Health Insurance Company: _____

Policy/Group Number: _____ Phone: _____

Doctor's Name: _____ Phone: _____

PERMISSION FOR MEDICAL TREATMENT AND LIABILITY RELEASE

I, parent or guardian of the student(s) named above, a minor, do hereby authorize adult leaders of Korean Presbyterian Church of Baltimore as agent(s) to consent to medical care deemed advisable by an accredited physician or surgeon in an approved emergency clinic or hospital if I am not able to be reached. I further release from any liability Korean Presbyterian Church of Baltimore, any of its leaders in the event of an accident during **Winter Retreat**, from **June 22nd to June 25th of 2017**.

I agree that my child will be expected to abide by the rules of the activity above. I understand that if my child behaves in a way that may bring harm to self or others or if my child behaves in a way that hinders others from participating in the activity, my child may be sent home.

Parent/Guardian Name (Print)

Parent/Guardian (Sign)

Date

Date/Theme: June 22-25 (Thur-Sun) "Made to Declare His Praises!"

Fee: Pay by 5/21(\$110); After 5/21(\$130). Sibling Discount: \$10 each additional

윤정아 부장집사: (443) 703-9516 Wendy Baeg: (443) 417-0618 Retreat Site: www.skycroft.org