

2018 KPCB Youth Winter 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 2018 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 **December 27th to December 29th of 2018**.

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: December 27-29 (Thu-Sat) "In God We Trust!"

Fee: Pay by 12/16(\$90); After 12/16(\$100) Sibling Discount: \$10 each additional

나현수 목사: (410) 493-6858 Wendy Baeg: (443) 417-0618 Retreat Site: www.bongiornocc.com