

JG Summer Retreat 2019 Registration Form

영어 고등부 수련회 참가 신청서

Dates: June 27 (Check-in 8:30-9:30am) – June 30 (Arriving 11am for Sunday Service)

Location: Eastern Mennonite University, 1200 Park Rd Harrisonburg, VA 22802

Early Registration Fee: \$125 (5/19-6/2)

Regular Registration Fee: \$155 (6/3-6/23)

Registration closes on June 23, 2019

OFFICE USE ONLY

Date: ____/____/____

Early Reg: \$125

Reg Fee: \$155

PK/MK/SS: \$60

Cash Deposit _____

Check Deposit _____

Check # _____

Balance Due _____

Name (이름) _____/_____ Sex (성명) M F

DOB _____ Grade 9 10 11 12

Student Email _____

Addr _____

City/State _____

와싱턴 중앙장로교회 Korean Central Presbyterian Church, 15451 Lee Highway, Centreville, VA 20121 (703) 815-1200

PARENTAL CONSENT & CANCELLATION POLICY 학부형 참가동의서

본인은 (학생이름) _____의 보호자로서 이 학생이 와싱턴중앙장로교회 영어 중등부에서 주최하는 수련회에 참가하는 것을 허락하며, 참가하는 학생이 교역자와 교사들의 지도에 순종하며 규칙에 따를 것을 약속합니다. 아울러 비상시에 필요에 따라 의료기관을 통한 치료를 허락합니다. 또한 만약 등록을 6/17/18 까지 취소할 경우에만 등록비 일부를 받을 수 있으며, 그 이후에는 등록비 환불이 되지 않음을 인정합니다. I, legal guardian of the above named student, give permission for my child to participate in KCPC's retreat program and promise that the student will obey rules and the guidance of the leaders. Furthermore, I grant permission to receive necessary medical attention in case of emergency. I also understand that in case I need to cancel my child's registration, I will not be refunded unless I cancel by 6/23/19. NO REFUND will be given after this date.

Parent's Name (학부형 이름) _____

Signature (학부형 서명) _____ Date _____

MEDICAL RELEASE, PERMISSION, AND INDEMNIFICATION

Mother's Name _____ Cell # _____ Email _____

Father's Name _____ Cell # _____ Email _____

Emergency Contact Name _____ Cell # _____

My Insurance Company _____

Policy Number _____

List any major medical conditions _____

List any allergies to medicine and/or food _____

If you are not in the JG parent group email and would like to be added, please initial here _____

_____has my permission to participate in the **2019 JG Summer Retreat**
Name of Student

as sponsored by **Korean Central Presbyterian Church** on **June 27-30, 2019.**
Name of Church, hereinafter the "Church"

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent's Signature _____ Date _____