

2017 SKYG Winter Retreat Waiver and Registration

(one child per form please)

1. Student Information / 학생정보

Name _____
First Last Preferred First Name for Nametag

Female _____ Male _____ Birthday ___/___/___ Age _____ Grade entering fall 2017 _____

Address _____

Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Parent Work Phone _____

Parent/Guardian Name _____ Cell Phone _____

Email _____

Insurance Company Name _____

Phone Number _____ Group/Policy# _____

Primary Physician _____ Phone Number _____

2. Emergency Contact / 비상연락처

PLEASE NOTE:

Emergency contact must be outside of household.

Name _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

3. Allergies & Medications / 알러지 및 약처방

Allergic to: Penicillin Aspirin Bee/Ant Stings Other _____

Type of reaction: _____

Medical Information: State law requires all medicine be given and kept by the retreat health personnel. All medications must be in the original container or packaging and only have the necessary dosage for the week. Please attach an additional sheet of paper if needed.

Please list medicine, dosage, and time to administer.

4. Parental Consent & Cancellation Policy / 참가동의서

본인은 (학생이름) _____ 의 보호자로서 이 학생이 신광교회 중고등부에서 주최하는 동계수련회에 참가하는 것을 허락하며, 참가하는 학생이 교역자와 교사들의 지도에 순종하며 규칙에 따를 것을 약속합니다. 아울러 비상시에 필요에 따라 의료기관을 통한 치료를 허락합니다. 또한 만약 등록을 2월 8일까지 취소할 경우에만 등록비 일부를 받을 수 있으며, 그 이후는 등록비 환불이 되지 않음을 인정합니다.

I, legal parent/guardian of the above named student, give permission for my child to participate in **2017 SKYG Winter Retreat** 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 **Feb. 8th. NO REFUND** will be given after this date.

(PRINT Parent's Name)

(Parent/Guardian Signature)

(Date)