

Lock-In Permission



안녕하십니까! 저희 중고등부는 오는 12/23 금요일에
신광 중고등부 학생들로만 초대하여, Lock-In 에서
성탄절 축하 연습과 함께 연말 성탄 파티를 가지려고 합니다.
저녁식사는 7시부터이고 예배는 8시부터입니다.

부디 학생들을 많이 참석하게 하셔서 좋은 시간 가질 수 있도록 협조해주시기 바랍니다.

예배 후에 Secret Santa 선물교환 있습니다. 선물은 \$10~\$15 가격대입니다.

Who/대상: 7th~12th grade students (신광 중고등부)

When/연제: Dec 23 (Fri) 7pm ~Dec. 24 (Sat) 8am

Where/어디서: Shin Kwang Church of New York (33-55 Bell Blvd. Bayside NY 11361)

Preparation/준비물: Sleeping bag, pillow, toothpaste, toothbrush, warm clothes (pajamas),
socks, secret Santa gift (침낭, 베개, 편안한 옷, 세면도구,수건, 따뜻한 옷, 운동화, 양말, 선물)

* 문의: 진혜경 부장교사

General Release and Hold Harmless Agreement

The Undersigned desires for their child(ren), _____ (자녀 이름) to participate in various programs, events, or activities(hereinafter collectively referred as the "Church"). The undersigned further understand and acknowledges that their child may incur personal injury or bodily damage while participating in such activities. The undersigned further understand and acknowledges that the Shin Kwang Church would not allow their child to participate in such Activities without releasing and holding harmless the Church. Further, the undersigned requests that the church allow their child to participate in Church Activities and in consideration thereof agrees to hereby release, and forever discharge the Church, their officers and directors, and their employees, agents, and any parties volunteering on behalf of the Church from actions, causes of actions, claims, damages, costs, expenses or damages of any kind growing out of or related to any Activity of the Church in which the child of the undersigned may sustain as a result of the undersigned's child's participation in any Church program. The undersigned gives permission for their child to receive medical treatment in the event of an emergency.

위의 내용은 신광교회에서 진행하는 행사에 자녀의 참여를 허락하며 부상시에 병원 치료를 허락한다는 내용입니다. 또한 만일의 경우 불상사가 발생하더라도 교회나 담당자에 대하여 일체의 책임을 묻지 않겠다는 내용입니다.

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Name: _____ Grade: _____

Home Address : _____

Emergency Contact Name : _____ (Relationship _____)

Emergency Contact Phone: _____ (Cell / Home)

Print Parent Name: _____

Parent Signature: _____ date _____