

2017 KKM (초등부) Summer Retreat Application

Chodae Community Church: 100 Rockland Ave. Norwood, NJ 07648 Tel (201)767-0400

“GALACTIC STARVEYORS”

6/23/17 – 6/25/17

At Spruce Lake, Canadensis PA (570-595-7505)

No.

Name of Applicant: (English) _____ (한글) _____	
Date of Birth: _____	Grade: _____ Gender: M or F
Home Address: _____	T-shirt Size: YM YL AS
(Required) Parent Contact Phone: _____	(Required) Parent Email: _____
Medical Information:	
Allergies: _____	
Medications Being Taken: _____	
Physical Handicaps or Limitations: _____	
Medical Insurance Co.: _____	Policy Number: _____
Other Pertinent Medical Info.: _____	
Retreat Rules <ol style="list-style-type: none"> 1. Attend all programs and activities on time. (모든 프로그램에 시간에 맞추어 참여한다.) 2. No use of electronics for games during the entire retreat. (수련회 기간동안 전자게임 금함.) 3. Obey leaders and teachers and treat them with respect. (지도자, 교사들의 말을 존중하고 따른다.) 4. Respect camp facilities and property. (캠프장 시설을 존중한다.) 5. Enjoy every moment in the Lord. (주 안에서 매순간을 누린다.) 6. Fee is due at the time of application. No refunds after June 1st, 2017. 	
I, undersigned, have read both the front and back of this page and agree fully to the terms cited. (Terms continued on back of this page)	
Name of Parent/Guardian: _____	Signature: _____
Relationship to the Applicant: _____	Date: _____
Emergency Contact Phone #: _____	

Official Use Only	Payment: \$120.00 (Cash or Personal Check # _____) Add \$20 after 4/30 \$100.00 (For second child)
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I (Parent/Guardian of the applicant) give my permission for the above named applicant to participate in the 2017 KKM Summer Retreat. I have read the rules and regulations with my child and I fully support the effort of the Chodae KKM to endure safe and sound environment for the children. In the event that my child needs to be sent home due to sickness or any violation of this agreement, I understand that I am responsible for his/her transportation. I also understand that the staff, teachers, and volunteers are not responsible for any accident incurred on my child during the entire summer retreat period. I waive my rights to take any legal action against this organization or the staff or volunteers. In case of any such incident, I give my permission for the attending physician to provide necessary medical treatment as he/she deems best.

I also give my permission to Chodae Community Church staff or any adult chaperone acting on behalf of the Chodae Community Church with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my, or my child's, medical allergies, medications being taken, medical problems and other patient information. I authorize any such medical provider to bill any charges incurred to my medical insurance listed on the front page and agree to reimburse for any medicine, clothes, food or other necessary supplies for my child's benefit.

Finally, I agree that Chodae Community Church may tape or photograph my child and record his or her voice during their participation in the activity and agree that Chodae Community Church will be able to use them, in whole or in part, whether in original or modified form in any manner or media.