## 2017 Summer Bible Camp Application

N (a) = )	English (영어	)						
Name (이름)	Korean (한글)					한어가 편리?	하면 Check	해 주세요 [ ]
Date of Birth		<u> </u>		Age			Sex	Male (남)
(생년월일)				(나이)			(성별)	Female (여)
Home (집)	Address (주소)		City:				State:	Zip:
	Phone (전화번호)							
Grade (학년)	Going to be(올라가는)							
Church (교회)	Name (교회명)							
	Father (부)		Name (성 함)					
			Cell Phone (핸드폰)					
			Work Ph		, 장)			
Parent/	Mother (모)		Name (					
Guardian			Cell Phone (핸드폰)					
(학부모/보호자)			Work Ph		, 장)			
	Guardian (보호자)		Name (					
			Cell Phone (핸드폰)					
			Work Phone (직장)					
		child on medication?				Yes (녜)	No (아니오)	
	(	약을 복용 중입니까?)				165 (*)	/(0 (****=/	
Health Info	Name o	me of medication						
(학생 건강	(0	하름	1름)					
상태)	Allergies?	Food (음식)						
	/Mergies. (알레르기)	Medical (약)						
	( = )	Misc. (그 외)						
Miscellaneous Information								
I	promise to adhe (캠프 생활		•		_	ulations at th 약속합니디	•	
Student Signature	udent Signature			Date				
Parent/Guardian Sig	nature				τ	Date		_

## **Liability Release Form**

I/We, being 21 years of age or older, do for myself/ourselves (and for or on behalf of my child participant, if said child is not of age or older) do hereby release, forever discharge and agree to hold harmless CEF Korean Chapter of Southern California and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in the CEF Summer Bible Camp 2017 at Rancho Ybarra.

**Furthermore**, I/We (and for or on behalf of my child participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

**Further**, authorization and permission is given to said trip and travel organizers to furnish and hereby release liability of transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said organization(s), its directors, employees and agents, for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. (If the participant has not attained the age of 21 years):

I/We are the parent(s) or legal guardian(s) of this participant, and hereby grant my/our permission for him/her to participate fully in said event and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any/ Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume all transportation costs.

Print name of participant:					
Parent/Guardian Name:					
Parent/Guardian Signature:	Date:				
Emanganes Contacts Diagon provide name(s) of parco					
<b>Emergency Contact:</b> Please provide name(s) of person	i(s) we can contact in case we are unable to				
contact the parent(s)/guardian during emergency:					
Name:	Relationship to Child:				
Phone Number(s):					
.,					

## **Trip Participant Only**

I have read the above and understand the rules of conduct and will fully abide by them, as well as all additional instructions of the leadership of this trip, and activity directors.

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