

Sung Sam Korean Catholic Center

Permission & Medical Release Form

Winter Retreat 2010 "As It Is In Heaven"

February 5th, 6th, 7th (Fri - Sun) \$130.00 [\$140.00 after Jan 11th]

PARTICIPANT INFORMATION

Last Name	First Name	Middle Initial	
Gender (M/F)	Date of Birth	Current Grade	T-Shirt Size

Street Address	Apt #	
City	Zip	Home Phone
		()

EMERGENCY CONTACT INFORMATION

DAYTIME Contact Name	Phone Number	Alternate Phone
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MEDICAL INFORMATION:

Please describe any existing medical conditions such as asthma, diabetes, high blood pressure, etc.:

Please list names and dosage instructions for medication currently being taken:

Please list any allergies, including medications or food:

LIABILITY & MEDICAL RELEASE:

I authorize the Sunday School staff to treat and/or make decisions regarding treatment of my child in case of an accident or medical condition during the retreat. Further, I release the staff, event organizers and sponsors from any liability arising from the injury or harm to my child due to accidents that may occur while participating in event activities, including transportation to and from the retreat site.

Signature

Printed Name

Date

STAFF USE ONLY:	cash _____	Received By: _____
	check# _____	