



2022 Crossway CM VBS Registration Form

2022 Crossway 어린이부 여름 성경학교 등록

자녀 정보 CHILD'S INFORMATION							
한글 이름 Name (English)							
성별 (Sex)	등록비 (Fee)	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> \$20	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> \$20	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> \$20
생년월일 Date of Birth							
(*) 학년 (*) School Grade							

(*) 학년: 21-22 학년을 기재해주세요.

(*) School Grade: Please use the grade for 21-22 school year.

부모님/대리인 정보 PARENT/GUARDIAN INFORMATION			
부모님 이름 Parents' names		대리인 Guardian name	
날짜 Date		부모님/대리인 서명 Signature	

특별사항 COMMENTS
<p>자녀분에 관한 특별사항이 있으면 적어주세요. 예) 알러지, 학습장애, 신체장애 등 목회자, 교사와 개인적으로 상의해 주셔도 됩니다. To better assist your child's individual needs, please list any medical, physical, and social concerns (ex, allergies, learning disability, or physical limitation). Alternatively, you can discuss with CM pastor or Education Department Director</p>

본인은 (학생이름) _____의 보호자로서 이 학생이 크로스웨이교회에서 주최하는 여름 성경학교에 참가하는 것을 허락하며, 참가하는 학생이 지도와 규칙에 따를 것을 약속합니다. 또한 비상시에 필요에 따라 의료기관을 통한 치료를 허락합니다.

I, legal guardian of the above named student(s), give permission for my child(ren) to participate in Crossway Church's VBS program and promise that the student(s) will obey rules and the guidance of the leaders. Furthermore, I grant permission to receive necessary medical attention in case of emergency.

학부모/대리인 이름 (Parent/Guardian Name) _____

학부모/대리인 서명 (Parent/Guardian Signature) _____ 날짜(Date) _____

MEDICAL RELEASE, PERMISSION, AND INDEMNIFICATION

Mother's Name _____ Cell # _____
Email _____
Father's Name _____ Cell # _____
Email _____
Emergency Contact Name _____ Cell # _____

_____ has my permission to participate in 2022 VBS by
Name of Student

Crossway Church on June 10-11, 2022.

Name of Church, hereinafter the "Church"

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Parent's Signature _____

Date _____