

ABBA OHIO 2009 STUDENT REGISTRATION

PERSONAL INFORMATION

Name (English) _____

(Korean) _____

Date of Birth _____

Gender ____

M __ F

School _____

Grade ____

Address _____

Tel. (Home) (_____) _____

(Emergency) (_____) _____

E-mail # _____

Church Name _____

—

Church Location _____ (city/stat

e)

Pastor's Name _____

FAMILY INFORMATION (Youth Only)

Father's Name _____

Mother's Name _____

Number of family members living together _____

Student Registration Fee - \$60 (Check made out to Korean Church of Columbus)

(over)

CAMP COVENANT

I will follow all rules and regulations of the camp and the facilities, including the following:

I will not bring any alcohol, tobacco, illegal drugs, cell phones, pagers, computers, CD players, or MP3 players to the retreat center.

If I drive to the retreat center, I will joyously turn in my car key to the retreat leader upon arrival.

I will obey the orders of the retreat leaders.

I will attend all lecture, worship and organized activity sessions.

I will treat others with respect.

I will not wear tank tops, skirts, cutoff shirts, tight-fitting clothes, or clothes with unedifying words and/or symbols.

Student Signature _____

PARENTAL PERMISSION

By signing this form, I hereby give my permission for my child to participate in the ABBA Ohio 2009 retreat. I have read the above CAMP COVENANT with my child, and I fully support ABBA Ohio's effort to ensure a safe and sound camp environment for the youth. In the event that my child needs to be sent home because of any violation of this agreement, I understand that I am responsible for his/her transportation. I also understand that neither ABBA Ohio nor the adult chaperones are responsible for any accident that might happen to my child during the camp period. If there is such an accident, I give my permission for the attending physician to take necessary measures that he/she deems best.

ALL STUDENTS MUST STAY AT ABBA AT ALL TIMES. NO STUDENT WILL BE ALLOWED OFF CAMPUS.

Child's Name (자녀 이름) _____

Parent's Name (보호자 이름) _____

Parent's Signature (보호자 서명) _____

