

**Catholic Archdiocese of Atlanta - Korean Martyrs Catholic Church &
Saint Andrew Kim Korean Catholic Church 2022 Youth Lock-In**

Consent Form and Liability Waiver

Name of Participant: _____ Gender: _____

Date of Birth: _____ Age: _____ Student's Grade _____ School: _____

Siblings & Relatives in Youth Group (Name & Grade): _____

Parent / Guardian's Name _____

Home Address: _____

Parent Email: _____ Student Email: _____

Home Phone #: _____ Cell Phone #: _____

I, (Participant above), wish to participate in this parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. The event is described briefly below:

Type of Event: 2022-2023 Youth Lock-In

Destination of Event: St. Andrew Kim Korean Catholic Church

2249 Duluth Hwy, Duluth, GA 30097

Individuals in Charge : Bona Kim | 404-660-6016 | msbonakim@gmail.com

Gabe Choi | 678-900-0588 | gabechoi107@gmail.com

Emergency Contact : Eun Young Yoon | 770-826-0057 | geobna@gmail.com

Time of Event : Arrive at SAKC, 9/30/2022 (Fri) at 6 pm - 10/1/2022 (Sat) at 10:30am

Registration Deadline : September 25th, 2022 (Sunday)

As a participant, I remain legally responsible for my personal actions. I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend this PARISH (listed above), its officers, directors, and agents and the ARCHDIOCESE OF ATLANTA, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby grant permission for publication of photos and multimedia taken at this event.

Parent's Name [Please Print]: _____

Parent's Signature: _____ Date: _____

Child's Name [Please Print]: _____

Child's Signature: _____ Date: _____

Catholic Archdiocese of Atlanta Saint Andrew Kim Korean Catholic Church

Annual Medical Release

Name of Student : _____ Date of Birth : _____

Grade : _____ Home phone # : _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____ Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participants.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____ Group Number _____

Father/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

_____ Phone #: _____

Mother/Guardian's full name: _____

Phone #: _____ Cell # _____

Home address: _____

Place of business/address: _____

_____ **Phone #:** _____

Signature of Parent / Guardian _____ Date _____

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

Drug allergies _____

Other allergies / reactions (food, plants, insects, etc.) _____

List any other health problems / limitations that we need to be aware of _____

Signature of Parent / Guardian _____ Date _____

Please be advised we will have dinner, late night snacks, and breakfast together.

Other than during meal/snack and sleeping time, **masks will be required.**

If your child has symptoms of Covid19, please do not send the student to this event without a negative Covid19 test result.

If you are uncomfortable with this, please let us know.

Materials To Bring / 준비물

1. Bible / 성경책
2. Sleeping Bag and pillow / 침낭과 베개
3. Extra clothing and PJ / 여분의 옷
4. Toiletries / 칫솔, 치약, 타올, 세안 용품, 로션
5. Rosary / 묵주