

2023,

Youth's in Greater Washington Summer Trip To Korea



워싱턴에 거주하시는 존경하는 학부모님들과 교회 지도자, 그리고 워싱턴의 각 기관 기관장님들께!!

워싱턴청소년재단(Washington Youth Foundation)에서는 이번 여름 방학을 맞아 워싱턴 지역에 거주하는 청소년들(6학년-12학년)을 대상으로 모국 방문단을 아래와 같이 모집합니다. 미국에 살면서 고국 대한민국을 배우고 미래의 꿈을 키워 앞으로 세계를 지도할 지도자 훈련을 목적으로 계획 실천하고자 합니다.

학생 20명 지도자 5명이 참석하게 되는 이 모국 방문단 계획에 참여를 바랍니다.

- 아 래 -

1. 대 상: 워싱턴에 거주하는 6th - 대학생 1학년
2. 방문기간: 7월 4일(화) - 7월 13일(목) 9박 10일
3. 신청기간: 5월 31일까지 혹은 선착순 20명
4. 경 비: 개인항공료(단체구입, 숙박과 경비일체제공)
5. 등 록 및 연 락 처: www.wyfusa.org, wdpc7408hotmail.com

EXECUTIVE DIRECTOR: 240-722-7198

워싱턴청소년재단

이 사 장 김범수 목사

REGISTRATION FORM for KOREA TRAVEL

NAME ON	NAME(KOR)		
PASSPORT(ENG):	PASSPORT NUMBER AND EXPIRATION DATE:		
HOME ADDRESS			
PHONE		KOREA CONTACT	
EMAIL(STUDENT)		EMAIL(PARENT)	
SCHOOL		DOB	
GRADE(CURRENT)		SEX	
FATHER		MOTHER	
HEALTH INSTURANCE	NAME:	POLICY #:	
DO YOU TAKE ANY MEDICINE? IF So, DESCRIBE HERE:			
CONTACT PHYSICIAN'S #		ALLERGIES(PROVIDE DETAILS)	
SCHEDULED DEPART DATE		SCHEDULED RETURNING DATE	
*USA visiting Students Home Stay	If Korean student s visit to Washington in next year, I am eagerly willing to welcome to let one student to stay my house for 2 or 3 nights in favor of welcoming me to visiting Korea. (YES:)		
ANY Requests and Comments:			
* THE DUE DATE FOR REGISTRATION IS MAY 31,2023 OR FIRST 20 STUDENTS			
* REGISTRATION FORM MUST BE INCLUDE 1) COPY OF PASSPORT 2) AGREEMENT FORM 3) REGISTRATION FORM 4) TRAVEL INSURANCE			
SIGNATURE:		DATE:	

**AGREEMENT AND RELEASE FROM LIABILITY
FOR TRIP TO KOREA FOR YOUTH IN GREATER WASHINGTON**

1. I, the undersigned student, acknowledge that I have agreed to participate in the trip to Korea for greater washington students, SPONSORED by Washington Youth Foundation, Korea ambassdor in USA, Greater Washington Korean Association of Greater Washinton, and Churches of Korea Council in Greater Washington, July 4, 2023 to July 13, 2023 at Korea Time.

2. I AM AWARE THAT THE ABOVE TRIP MAY RISK INJURY. I AMPARTICIPATING IN THE ACTIVITY WITH FULL KNOWLEDGE OF THAT POSSIBILITY. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY ASSOCIATED WITH THE TRIP DESCRIBED ABOVE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: ().

3. As consideration for being permitted by WYF, to participate in these activities, I hereby agree that I, my assignees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the WYF, or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of the WYF, and any of its affiliated organizations as a result of my participation in the trip described

above. I hereby release the WYF and any of its affiliated organizations from any and all actions, claims, or demands that I, my assignees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in the trip described above.

4. I understand that I should maintain and carry accident medical coverage in the event I am injured or taken ill during the above named activity. If I do not maintain and carry such medical insurance, then any costs or bills whatsoever associated with injury or illness contracted during this activity will be paid for by me or by my legal guardians, or assignees by whatever manner I/they may choose. WYF is not responsible for paying my medical bills.

5. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE NKPM AND/OR ITS AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL. I ALSO VERIFY THAT I AM A LEGAL AGE AND ABLE TO SIGN THIS RELEASE ON MY OWN BEHALF.

SIGNATURE OF STUDENT:

DATE:

PRINT NAME:

SIGNATURE OF PARENT OR GUARDIAN:

DATE:

**Family Doctor's Agreement Form
FOR TRIP TO KOREA FOR YOUTH IN GREATER WASHINGTON**

(IF REQUIRED)

Dear Doctor / Medical Professional:

**Your patient _____
wishes to participate in Korea Visiting Program from JULY 4, 2023 to July 13, 2023**

The program will involve the following activities: Just Traveling by airplane, car, walk, and basic activities like walking, talking, watching, and studying excluding severe exercising.

Please identify any recommendations or restrictions that are appropriate for your patient in the Korea Visiting Program:

_____ has my approval to take korea trip
program with the recommendations or restrictions I have indicated above.

Physician's Name and Signature:

Date _____ Phone () _____

Thank You,

**Washington Youth Foundation
7408 Muncaster Mill Rd. Gaithersburg, MD 20877**

Fax) 301-963-2809 , 301-537-8522(C)