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***Korea Homeland Tour REGISTRATION***

***Tour Dates: July 15th– July 26th 2019***

***Complete this form and return to Barker along with a non-refundable deposit of $500 per person.***

**FAMILY LAST NAME(S)**:

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**Address, City, State, Zip:**

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**Home Phone #:**

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**Parent Cell Phone #:**

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**Parent Cell Phone #:**

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**Parent E-mail:**

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**Parent E-mail:**

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**Participant 1**

**Print your complete name exactly as it appears on your Passport**

**(LAST, First, Middle)**

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**Date of Birth (MM-DD-YYYY)**

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**Age at time of Tour (age as of June 23, 2018)**

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**Gender**

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**Cell Phone #:**

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**E-mail:**

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**Passport #**

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**Passport Expiration Date**

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**Was this participant adopted through Barker/SWS? If not, what agencies did you use in the U.S. and in Korea?**

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**Please list any current medications, including dosage & reasons for taking:**

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| **Medication/Dosage** | **Reason**  |
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**Please list any known medical conditions that are currently under treatment or being monitored:**

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| **Condition** | **Treatment** |
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**Please list current dietary restrictions or allergies to medications, food, insects, or other substances:**

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**Please list any physical limitations that may limit participation in physical activities:**

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**Please provide information about any psychiatric, psychological or counseling treatment in the last year:**

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**Please describe any other major illnesses, surgeries, treatments, hospitalizations or conditions of any participating family members that we should be aware of:**

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**Participant 2**

**Print your complete name exactly as it appears on your Passport**

**(LAST, First, Middle)**

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**Date of Birth (MM-DD-YYYY)**

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**Age at time of Tour (age as of June 23, 2018)**

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**Gender**

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**Cell Phone #:**

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**Passport #**

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**Passport Expiration Date**

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**Was this participant adopted through Barker/SWS? If not, what agencies did you use in the U.S. and in Korea?**

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**Please list any current medications, including dosage & reasons for taking:**

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| **Medication/Dosage** | **Reason**  |
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**Please list any known medical conditions that are currently under treatment or being monitored:**

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| **Condition** | **Treatment** |
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**Please list current dietary restrictions or allergies to medications, food, insects, or other substances:**

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**Please list any physical limitations that may limit participation in physical activities:**

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**Please provide information about any psychiatric, psychological or counseling treatment in the last year:**

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**Please describe any other major illnesses, surgeries, treatments, hospitalizations or conditions of any participating family members that we should be aware of:**

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**Participant 3**

**Print your complete name exactly as it appears on your Passport**

**(LAST, First, Middle)**

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**Date of Birth (MM-DD-YYYY)**

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**Age at time of Tour (age as of June 23, 2018)**

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**Gender**

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**Cell Phone #:**

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**Passport #**

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**Passport Expiration Date**

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**Was this participant adopted through Barker/SWS? If not, what agencies did you use in the U.S. and in Korea?**

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**Please list any current medications, including dosage & reasons for taking:**

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| **Medication/Dosage** | **Reason**  |
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**Please list any known medical conditions that are currently under treatment or being monitored:**

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| **Condition** | **Treatment** |
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**Please list current dietary restrictions or allergies to medications, food, insects, or other substances:**

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**Please list any physical limitations that may limit participation in physical activities:**

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**Please provide information about any psychiatric, psychological or counseling treatment in the last year:**

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**Please describe any other major illnesses, surgeries, treatments, hospitalizations or conditions of any participating family members that we should be aware of:**

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**Participant 4**

**Print your complete name exactly as it appears on your Passport**

**(LAST, First, Middle)**

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**Date of Birth (MM-DD-YYYY)**

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**Age at time of Tour (age as of June 23, 2018)**

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**Gender**

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**Cell Phone #:**

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**E-mail:**

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**Passport #**

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**Passport Expiration Date**

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| **Medication/Dosage** | **Reason**  |
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**Please list any known medical conditions that are currently under treatment or being monitored:**

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| **Condition** | **Treatment** |
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**Please list current dietary restrictions or allergies to medications, food, insects, or other substances:**

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**Please list any physical limitations that may limit participation in physical activities:**

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**Please provide information about any psychiatric, psychological or counseling treatment in the last year:**

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**Please describe any other major illnesses, surgeries, treatments, hospitalizations or conditions of any participating family members that we should be aware of:**

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**Participant 5**

**Print your complete name exactly as it appears on your Passport**

**(LAST, First, Middle)**

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**Date of Birth (MM-DD-YYYY)**

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**Age at time of Tour (age as of June 23, 2018)**

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**Gender**

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**Cell Phone #:**

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**E-mail:**

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**Passport #**

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**Passport Expiration Date**

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**Was this participant adopted through Barker/SWS? If not, what agencies did you use in the U.S. and in Korea?**

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**Please list any current medications, including dosage & reasons for taking:**

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| **Medication/Dosage** | **Reason**  |
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| **Condition** | **Treatment** |
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**Please list current dietary restrictions or allergies to medications, food, insects, or other substances:**

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**Please list any physical limitations that may limit participation in physical activities:**

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**Please provide information about any psychiatric, psychological or counseling treatment in the last year:**

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**Please describe any other major illnesses, surgeries, treatments, hospitalizations or conditions of any participating family members that we should be aware of:**

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**In case of an emergency, please list a family member that is NOT participating in the tour:**

**Name:** **Relationship to you:**

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**Address:**

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**City: State: Zip:**

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**Primary Phone Number**

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**Alternative Phone Number**

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**Second Alternative Phone Number**

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**The Barker Adoption Foundation**

**Photographic / Media Consent Form**

I hereby consent to the use of my personal image(s) in select photos by The Barker Adoption Foundation as follows:

\_\_\_\_\_ on the new Barker Adoption Foundation website

\_\_\_\_\_ within Barker social media sites (Facebook, Twitter, LinkedIn, Instagram primarily)

\_\_\_\_\_ within newsletters/emails to people who have asked to stay informed about Barker

\_\_\_\_\_ within Barker brochures and/or publications issued to promote the work of Barker

I understand that my consent can be withdrawn in writing to Varda Makovsky at vmakovsky@barkerfoundation.org

**CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Name of person giving consent & parent/guardian if under 18 years of age*

I acknowledge these may be used as I have authorized above on media that promotes the work of The Barker Adoption Foundation. I understand that ultimately design preferences will determine if Barker uses the images I have authorized.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

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Printed Name of person giving consent Signature of person giving consent

(parent/guardian < 18) (parent/guardian < 18)

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Printed Name of person giving consent Signature of person giving consent

(parent/guardian < 18) (parent/guardian < 18)

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Printed Name of person giving consent Signature of person giving consent

(parent/guardian < 18) (parent/guardian < 18)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_