LINC & ST. JOE'S FALL

YOUTH

L CKIN

Saturday, November 12
3:00 PM – 7:00 AM

Mass. Praise & Worship. Adoration.
Friends. Intense Games. Food. Bonding. Fun.

Registration Deadline is Wednesday, Nov 9.
Grades 9-12. Friends welcome.

Cost is $5. Ladies bring a sweet treat to share. Guys bring a salty snack to share.
Email jackieg@nativitycatholicchurch.net for more info.

Nativity & St. Joseph's
Fall High School Lock-In
Open to youth grade 9-12
PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____

Grade:_____Gender:_____ Parent/Guardian's Name:_____

E-mail Address_____Preferred Contact Phone #_____

Home Address_____

I, _____, grant permission for my child, _____, to participate in the event, sponsored by St. Joseph's Catholic Church and Nativity Catholic Church. This activity will take place under the guidance and direction of parish employees and volunteers from St. Joseph and Nativity.

Type of event:	***High School Overnight Lock-In***
Location of the event:	***St. Joe's Catholic Church (218 10th St. S. Moorhead)***
Individuals in charge:	***Melissa Hund-Cerna (701-367-3345) or Jackie Gow (701-388-6924)***
Date of event:	***Saturday November 11th 3:30 PM –Sunday, November 13th 7 AM***
Registrations due:	***Wednesday, November 9th.***
Transportation:	***No transportation needed***
Cost:	***$5.00 (please make checks out to St. Joe's Catholic Church or Church of Nativity)***

As a parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph's and Nativity its officers, directors and agents, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Joseph's or Nativity, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature:_____Date:_____

We will meet at St. Joe's in The Gathering Place at 3:30 PM on Saturday, November 12th. Youth need to be picked up at 7 AM. All families will receive an e-mail after registration is due with details regarding the Lock-In.

To cut down costs we are looking for families to bring a dinner hotdish or breakfast egg bake. Please contact Melissa or Jackie to sign up. All men participants will need to bring a salty snack to share. All women participants will need to bring a sweet snack to share. Snacks MUST BE PEANUT AND NUT FREE. Youth will attend Mass at 5:00 PM at St. Joe's on Saturday. Families are invited to attend as well.

(Of the following statements pertaining to MEDICAL MATTERS, sign only those that are applicable.)

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature:_____Date:_____

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. **In the event of any emergency, if you are unable to reach me at the above numbers, contact:**

Name and Relationship: _____

Phone:_____Family Doctor:_____Phone:_____

Family Health Plan Carrier: _____Policy #_____

Signature:_____Date:_____

MEDICATIONS:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

_____

_____

Signature:_____Date:_____

SPECIAL MEDICAL INFORMATION:

St. Joseph will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (medications, food, plants, insects, etc.):

_____

_____

Signature:_____Date:_____

Immunizations: Date of last tetanus/diphtheria immunizations:_____

Any physical limitations?_____

You should be aware of these special medical conditions of my child: