High School Lock-In Details

Date: Sat.-Sun., October 8-9 **Begins**: 9:30 pm Saturday **Ends**: 7:00 am Sunday
Cost: $10 & a snack (no drinks please) **Location**: Good Shepherd **RSVP by**: Wednesday, Oct. 5

Parents: We would love help chaperoning the first shift, preparing breakfast, making snacks, etc. Please contact Patrick if you are interested and able to help out in any way.

~PLEASE DO NOT ARRIVE BEFORE 9:30 PM~

To Bring: Sleeping bag, pillow, toiletries, clothes to sleep in, games, movies

Detach and retain this section for your information.

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Detach and return this section with payment by the RSVP deadline of Wednesday, October 5.

High School Lock-In Permission Slip

As the parent/guardian of ____________________________, I hereby give permission for my child to attend the High School Lock-In on Saturday, October 8 to Sunday, October 9.

I understand and acknowledge that participation in this activity involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in this activity, including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation.

I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

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Date of Birth Date of last Tetanus Booster (if known)

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Allergies or medical conditions/concerns (Continue on back of form if needed)

____
Name of Parent/Guardian

____
Address City/State/Zip

____
Phone: Home Work Mobile

____
Person to notify if parent/guardian is unavailable

____
Phone: Home Work Mobile

____
Insurance Carrier & Policy Number Family Physician Phone

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Signature of Parent/Guardian Date