

Middle School

LOCK IN

October 26th 7pm-October 27th 9am
\$20 Registration Due October 17th

Yard Games

Rap Battle

Karaoke

Man-Hunt

Bible Study

Volleyball

Mafia

Dance Party

Video Games

Discussions

Basketball

Dodgeball

Snow Cones

Noodle Wars

Prayer

DINNER & BREAKFAST INCLUDED • PACKING LIST ON BACK

-Registration Form-
Middle School Lock-In
October 26th 7pm-October 27th 9pm

Name _____

Grade _____ Gender _____

Address _____

City _____ State _____ Zip _____

Parent Name _____

Parent Cell Phone _____ E-Mail _____

Shirt Size _____

Registration Information

The cost of the lock-in is \$20.
Please also provide the attached
parents permission slip.

Payment Information

Enclose Permission Slip &
check payable to:

St. Timothy Catholic Church
Attn: Youth Ministry
17512 Lakeshore Rd
Lutz, FL 33558



SAINT TIMOTHY
CATHOLIC CHURCH
YOUTH MINISTRY
LIVING THE MISSION

St. Timothy Catholic Church



EDGE

Middle School Youth Ministry

What To Bring

- Sleeping Bag & Pillow
- Sports Clothing & Tennis Shoes
- Toiletries (toothbrush, toothpaste, deodorant, ect...) There are no showers.
- Medication, only in original bottle with Parents Permission Note
- Bible (Each teen will need their own Bible)
- Rosary
- A 2 Liter Drink To Share or A Snack To Share

What Not To Bring

- Drugs
- Alcohol
- Weapons
- Bad Attitude
- Items for Pranks
- Valuable Jewelry- We are not responsible for any lost items.

iPods and Cell Phones will not be tolerated during lock-in and activities. These items will be collected at the beginning as to not be a distraction.

Contact Youth Ministers:

Jen Linder 813-309-2112
Justin Lantz 813-892-6509

St Timothy Catholic Church **PARISH**
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: _____

Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: _____

Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by St. Timothy Catholic Church Parish (hereafter "Parish") will be held at 17512 Lakeshore Rd, Lutz FL 33558 (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on October 26, 20 18, and will involve a transportation to the destination and the following activities: Sleep in youth center, no off campus activity, food, fun.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperons to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

THIS FORM CONTINUES ON THE REVERSE SIDE – OVER

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

_____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

_____ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

Youth Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20____, by the persons named hereinabove.

NOTARY PUBLIC

Name: _____

My Commission expires: _____

Revised: Jan/2002