

High School Lock-in-PERMISSION SLIP

Sun Prairie United Methodist Church

Name of Student _____ Phone _____

Address _____ Email _____

Parent/Guardian/Caregiver Name(s) _____

Address _____ Phone _____

Cell Phone _____ Business Phone _____

In case of emergency, please call _____ Phone _____

I, _____, grant permission for _____ to participate in the
Parent/Guardian/Caregiver *Student Name*

High School Lock-in, from 5:30pm Friday January 23 until 10:00am Saturday January 24, sponsored by the Sun Prairie United Methodist Church. Sun Prairie United Methodist Church's Director of Family Ministries and youth leaders will be the individuals in charge. I warrant my child is in good health. In consideration of my child's participation, I agree to indemnify the Sun Prairie United Methodist Church from any claims or law suits brought against the Sun Prairie United Methodist Church by myself, my child or others that arises out of any behavior by my child on this outing. I also agree to pay reasonable attorney's fees or expenses incurred by the Sun Prairie United Methodist Church in defense of such a claim/law suit.

Physician _____ Phone _____

Health Insurance Name _____ Group # _____

Policy # _____ Phone _____

Please list health concerns, medical conditions, and medications:

Special diet or accessibility needs (We will be having both Dinner and Breakfast together):

As a youth, I agree to follow all rules established by the adult leaders. I understand that if I do not follow the rules, my parents/guardians/caregivers will be called and I will be sent home immediately.

Youth Signature _____ **Date** _____

As a parent/guardian, I agree to all of the above stated considerations and conditions. I agree to pick up my child if there are any problems with behavior.

Parent/Guardian/Caregiver Signature _____ **Date** _____