

LOCK-IN GUIDELINES

Please read the following guidelines with your student. You and your student must sign the guideline sheet and return it with your money.

1. I agree to listen to and obey **all** adult leaders from Highland Presbyterian Church.
2. I agree not to leave Highland's building unless in the case of an emergency.
3. I agree to give Matt Wilcox all prescription medications with instructions.
4. I agree to stay out of the designated room(s) of the opposite sex.
5. I understand that I am responsible for **everything** I bring to the Lock-In.
6. I agree to have a fun time! If I am out of control, or break any of the above guidelines, I understand that my parents will be called immediately and asked to pick me up from Highland Presbyterian Church or I will be sent home (*if 18 years of age*).

Student's Name (printed)

Student's Signature Date

Parent's Signature Date

Highland Presbyterian CHURCH LOCK-IN PERMISSION SLIP

My son/daughter (*name*) _____, has my permission
to go to the (*event*) _____ on (*date*) _____

with the Highland Presbyterian Church youth group. I will also review and sign the liability release on the back of this sheet.

PARENT/GUARDIAN NAME (PRINT): _____

Phone Number: _____

PARENT/GUARDIAN (SIGN): _____ DATE: _____

Liability Release

In the event that I cannot be reached in an emergency during the date of November 27, 2009, I hereby give my permission to the physician selected by the church leadership to hospitalize, to secure proper treatment, and/or order injection, anesthesia, or surgery for my son or daughter as deemed necessary.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks inherent in church related activities. They also agree not to hold this church, its employees, or volunteers, liable for damages, losses, or injuries to the person or property undersigned. Parent(s) or guardian(s) understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Signature

Date

Medical Insurance Company

Name: _____

Number: _____

Parent/Guardian's Signature: _____

Date: _____

Address: _____

Phone Number:

Home: _____

Cell: _____