

Freshman

Lock-In & Retreat

“Fanning the Flame:
Spreading the Fire Within”

Join us for food, friends, and fun!

September 27 thru 28

9 PM - 9 AM

FREE if registered by Sept. 21

Or \$5 at the door

Bring a sleeping bag and a pillow

And your friends!

Can you handle it?

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian,

Your child is eligible to participate in a youth ministry sponsored activity. This activity will take place under the guidance and supervision of employees and volunteers from St. William Parish. A brief description of the activity follows:

Name of Event: Freshmen Lock-In

Destination: St. William Parish Activity Center

Designated Supervisor of Activity: Marge Shackett

Date and Time of Event: Saturday, September 27th, 9:00 PM – Sunday, September 28th, 9:00 AM

Student Cost: Free if registered by September 21, or \$5 after the deadline. ***FREE if registered by 9/26***

If you would like your child to participate in this event, please complete, sign, and return this form to Marge Shackett. Make checks payable to: St. William

STATEMENT OF CONSENT

I hereby consent to participation by my child, _____, in the event described above scheduled for _____. I understand that this event will take place away from parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless St. William Parish, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. William Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical conditions or allergies about which a health care provider should be told _____ none _____

During this event I can be reached at _____ or call Name _____
Relationship to child _____ Phone _____
Insurance Company _____ Policy Number _____
Physician's Name _____ Phone _____

First Name: _____ Last: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Grade: _____ Birth Date: _____ Email: _____

Parent Signature: _____ Date: _____

Parent volunteers are needed for this event. Check the time below that you are available:

_____ 8:45 PM – 12:30 AM

_____ 12:30 – 4:00 AM

_____ 7:00 – 9:00 AM Breakfast & Clean Up

Name: _____ Cell Phone: _____