



\_\_\_\_\_ has my permission to attend the Youth “LOCK-IN” at First-Centenary United Methodist Church. This event begins at 10:30 p.m. Friday, February 8th and ends at 7:30 a.m. on Saturday, February 9th. The Lock-In is for both Middle School and High School Youth. We are asking students to pay \$15 to cover costs of food and supplies for the event.

In case of an accident/emergency, I give my permission for my child to be treated by a duly licensed doctor/physician of an adult youth worker’s choosing. I also agree to pick my child up if he/she behaves in a way deemed inappropriate by our youth leaders. I also agree to allow pictures and video of my child/children to be taken during this event and used for promotional purposes by the church.

Numbers where you can be reached:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Allergies, Medications, or any health problems that we should be aware of?

\_\_\_\_\_

Parent/Guardian signature:

\_\_\_\_\_ Date: \_\_\_\_\_



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