

St. Joseph Catholic Church

Middle School Ministry Office

87 Lacy St.

Marietta, GA 30060

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Dear lock in participants (and parents),

Enclosed are the required forms and information for the lock in. Please fill them out and return them as soon as possible. The deadline is February 15th. The cost for this event is \$5.00 for St. Joseph parishioners and \$7.00 for guests. It includes lodging, meals and snacks, and all lock in materials. Friends of students are also welcome to participate in this lock in. The same paperwork is required of them as well.

The lock in will begin on Saturday, February 18th, at 7:30pm in the Life Teen room and will end Sunday, February 19th, at 8:30 AM with the ***conclusion of the 7:30 AM Mass***.

Parent volunteers are needed to help. If you are able to help, please let us know when you can help and if you plan to stay the night. Adults spending the night will need to complete a volunteer packet. There is no cost for adult volunteers.

Enclosed are the following forms and information:

- Registration/Medical Information/Permission to Treat (***must be returned or on file***).
- Permission Slip for 6th Grade Lock in, February 18 -19, 2012(***must be returned***)
- CODE OF CONDUCT – EXPECTATIONS OF BEHAVIOR (***must be returned***)
- “What to Bring” list

Please contact me if you have any questions or concerns.

IN CHRIST

Laura Fenton

Catholic Archdiocese of Atlanta
St. Joseph Catholic Church
Permission Slip
6th grade Girls Lock in at St. Joseph Church

Saturday, February 18 – Sunday, February 19, 2012

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the Lock in on February 18-19, 2012 with the St. Joseph Catholic Church youth group. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, St. Joseph Church, the Catholic Archdiocese of Atlanta, Sixth Grade Girls Lock In, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

During this event, I may be reached at _____

Name of Parish: St. Joseph, Marietta **Name of Youth Minister:** Laura Fenton

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

6th Grade Girls Lock-In

CODE OF CONDUCT - BEHAVIOR EXPECTATIONS

Horseplay is not allowed at any time - NO shaving cream, water balloons, water guns, etc - will be tolerated.
PRANKS are not permitted.

Fire extinguishers will only be discharged in an emergency.

Respect the property of others **AT ALL TIMES**.

Treat all persons respectfully and with courtesy.

Individuals under 21 years of age, whether alone or in a group, must be in the company of an adult chaperone at all times when away from the immediate area of the cabins/bunkhouses, lodge or dining hall.

THERE ARE NO EXCEPTIONS TO THIS RULE!

Individuals must receive permission from the designated adults if desiring to go beyond established parameters.

All adults over 21 years of age are considered chaperones. Teens are to respect their authority.

No inappropriate clothing / T-shirts. Appropriate clothing will be worn to all sessions and activities. Insure that shirts are long enough to cover the back and stomach, especially when bending over.

Profanity / swearing or any behaviors contrary to Christian principles is not tolerated. "Public displays of affection" between participants is not allowed. Inappropriate physical and/or sexual behavior is not tolerated, and is grounds for dismissal from the facility and event.

No fireworks, smoke bombs, or explosives of any sort are permitted on the premises.

Cabins/bunkhouses and bathrooms should be kept neat and clean. Trash should be placed in the trash cans. Any damage caused to a room will be the responsibility of the Church and the individuals assigned to that room.

Individuals must arrive promptly for all meal times and for all scheduled sessions of the Retreat.

Quiet time is from 11:00 PM until 8:00 am. Please keep all noise to a minimum so as to not disturb others. "Lights out" is no later than 12:00 a.m.

Teens are restricted from the opposite sex sleeping quarters / area at all times. Under no circumstances are members of the opposite sex permitted in the restricted sleeping area / rooms.

Underage smoking by anyone, at any time, will not be tolerated. Alcohol and illegal drugs are not permitted, and are grounds for immediate dismissal.

CD players, radios, ipods, iPhones etc. are only be used in the sleeping quarters and only with headphones. This is to insure the environment of the retreat is maintained. Any equipment *used* outside the designated area will be confiscated until the end of the retreat. **Teens accept responsibility for personal audio/video equipment.**

St. Joseph accepts no responsibility for lost or damaged personal audio/video equipment.

Teens are asked not to use mobile / cell phones during the retreat. Teens are requested to ask their friends **NOT TO CALL** during this weekend. If a parent wishes for their teen to contact them please notify the youth minister **IN WRITING** so that appropriate arrangements can be made. *(This notification can be written at the bottom of this page. Please indicate the time(s) you wish your teen to contact you.)*

THE EXPECTATIONS ARE LISTED IN NO PARTICULAR ORDER

ALL OF THEM ARE IMPORTANT!

FAILURE TO ABIDE WILL RESULT IN SERIOUS CONSEQUENCES.

WHICH MAY INCLUDE BEING SENT HOME.

Signature of Youth

Date

Signature of Parent of Guardian

Date

What to Bring

Sleeping Bag or sheet and blankets

Air mattress/pad if desired (we will sleep on floor)

Pillow

Pajamas

Change of clothes (we will attend 7:30am Mass)

Personal Toiletries

Deodorant, Toothpaste, Toothbrush, etc.

Wash Cloth& Hand Towel (there are no shower facilities)

Necessary Medications

Chap stick or lip balm would be good!

Bible (I'll have some if you forget yours.)

Good Attitude

Open Heart

Open Mind

Registration/Medical Information/Permission to Treat

Please Print

Name _____ Date of Birth _____ M / F

Address _____

Phone # _____ Emergency Phone # _____

Father's Name _____ Mother's Name _____

Father's Work # _____ Mother's Work # _____

MS School _____ Grade _____

E-Mail _____

T-Shirt Size – Adult - S Adult - M Adult - L Adult - XL

Parental Consent, Medical History and Emergency Medical Release Form CONFIDENTIAL INFORMATION

To the best of my knowledge, my/our child, _____ is in good health; I/we assume all responsibility for the health of my/our child.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

EMERGENCY CONTACT

1. Mother / Guardian's full name _____

Home Address _____

City _____ State _____ Zip _____

Place of Business / Address _____

2. Father/ Guardian's full name _____

Home Address _____

City _____ State _____ Zip _____

Place of Business / Address _____

ALTERNATE EMERGENCY CONTACT

If you are unable to reach me, please contact: (Relative or friend near the primary contact)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number (home) (_____) _____ (work) (_____) _____

INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Please include a photocopy of you Insurance Card, front and back.

Insurance Company _____

Policy Number _____

Group Number _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone Number of Company _____

Family Doctor _____ City / Town _____

Phone Number (_____) _____

My son / daughter is under the care of a psychiatrist / psychologist _____ YES _____ NO

Doctor Name _____ Phone _____

Please explain: _____

MEDICAL INFORMATION

If you child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him / her proper medical care during his / her time with the youth ministry activity.

Pre-existing or present medical conditions: _____

My son / daughter is taking medication and will bring all medication with him / her and it will be clearly labeled. My son / daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for **non-prescription** medications (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. **(Please Initial)** _____ YES _____ NO

I understand that aspirin **WILL NOT** be given to my son / daughter without my express permission:

I grant such permission. **(Please Initial)** _____ YES _____ NO

My son / daughter is allergic to the following: _____

My son / daughter has the following medical conditions: _____

My son / daughter's immunizations are current and up to date _____ YES _____ NO

My son / daughter wears contact lenses _____ YES _____ NO

My son / daughter has the following limitations: _____

My son / daughter has the following restrictions (ex: swimming, running, activity restrictions, etc.) _____

My son / daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed wetting, etc. _____

YES _____ NO Please explain: _____

Parent / Guardian Signature _____ Date _____

All information contained herein will be maintained confidential.
This Medical Release is good for the period of one year from the above signed date.
