

**TRINITY LUTHERAN CHURCH
MIDDLE SCHOOL LOCK-IN
COVENANT AND DISCIPLINE POLICY**

COVENANT

Treat every person as a child of God. No one is to treat others as if they do not matter.

I will respect the right of each person to participate fully in the Middle School Lock-in whether as a student, chaperone or leader.

I will be considerate of those directing, teaching, and leading each of the sessions.

I will allow others to participate and learn, and I will participate in all events.

I will respect the right of each person to be safe.

I will be careful in play situations.

I will not hit, push, or kick other people.

I will respect the right of each person to be treated kindly.

I will avoid name-calling, swearing, and bad language.

I will praise others rather than using "put-downs."

I will respect the church property and supplies.

I will play and stay only in the areas designated.

I will be a good "housekeeper" of the Lord's House.

I will respect myself as a Child of God.

_____ Date _____
Student Signature

DISCIPLINE POLICY

My child, _____, has permission to attend the TLC Middle School Lock-in on Friday, January 30, 2015 starting at 8:00 p.m. and ending on Saturday, January 31, at 8:00 a.m. If the youth is behaving in a manner that is not respectful of the rights of others, the youth will be reminded privately of the proper behavior. If the incorrect behavior persists, the youth's parent(s) will be called (regardless of the time) to pick up their child.

_____ Date _____
Student Signature

_____ Date _____
Parent Signature

Parent's Name: _____
Please Print

Phone numbers to be reached from 8:00 p.m. to 8:00 a.m.

NON-Trinity Members ONLY
TRINITY LUTHERAN CHURCH
206 E. Badger Street, Waupaca, WI 54981
YOUTH MEDICAL RELEASE AND CONSENT FORM
(Each participant must complete this form)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

NAME OF PARENT(S)/GUARDIAN(S): _____

NAME OF PHYSICIAN: _____ PHONE: _____

NAME OF DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ PHONE: _____

(Please photocopy insurance cards and include with this form)

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (LIST NAME AND DOSAGE):

HEALTH HISTORY: (MAJOR ILLNESSES, LAST TETANUS SHOT, ALLERGIES, ETC.)

FATHER EMPLOYED AT: _____ PHONE: _____

MOTHER EMPLOYED AT: _____ PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

RELATIONSHIP TO PARTICIPANT: _____

Dear Parent or Guardian:
This form will be presented to the attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance card.

Parent/Guardian (name) _____ "I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child (name) _____ in the event of a medical emergency occurring during my absence or when hospital or medical personnel can not contact me. This authorization extends to all medical facilities and personnel regardless of setting, in or out of a medical facility, in the treatment of my minor child."

Signature of Parent/Guardian _____ Date: _____

Signature of Witness _____ Date: _____

07/27/2009



Non-Trinity Members
RELEASE of LIABILITY

In exchange for participate in the activity/event of Middle School Lock-In organized by Trinity Lutheran Church, from the date(s) of: Jan 30-31, agree for myself and (if applicable) for the members of my family to the following.

I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Trinity Lutheran Church for injury, loss or damage arising out of my or my family's use of or presence upon the activity/event fore-mentioned, whether caused by myself, my family, Trinity Lutheran Church or other third parties.

I hereby give permission to have my child/student, if applicable, to ride the Trinity bus, for any outside activities that are in conjunction with this event.

Student Signature _____

Parent (Guardian): print _____

Parent (Guardian): signature _____