

# Spring Break Lock-in



**WHEN:** TUES, APRIL 7 AT 7:00 PM – WED, APRIL 8 AT 8:00 AM

**WHO:** BRING YOUR FRIENDS – OPEN THOSE 6<sup>TH</sup> GRADE & UP

**WHERE:** ST. ELIZABETH PARISH CENTER, 512 N. UNION ST.

**COST:** SNACK TO SHARE + \$25/STUDENT

## Registration Form for Spring Break Lock-in

Your child(ren) is eligible to participate in a St. Elizabeth parish sponsored activity. This activity will take place under the guidance and supervision of authorized personnel from St. Elizabeth Parish. A brief description of the activity follows:

**Event:** *Spring Break Lock-in*

**Cost:** *\$25 (checks payable to St. Elizabeth Church, cash or credit card)*

*Students are asked to bring a snack of their choice to share*

**Location:** *St. Elizabeth Parish Center*

**Date and Time:** *Tuesday, April 7 at 7:00 pm – Wednesday, April 8 at 8:00 am*

**Event Supervisor:** *Heather Marsh, DRE/CYM*

**Emergency Phone Number:** *Heather: 517-918-5725; Parish Office: 517-423-2447 x7*

If you would like your child(ren) to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named child(ren). This section is for your information.

Return bottom portion with payment. **Registration must be returned by Friday, April 1<sup>st</sup>**

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## Registration Form for 2020 Spring Break Lock-in

I hereby consent to participation by my child(ren)/self in the Spring Break Lock-in. I understand that this event will take place on the parish grounds and that my child(ren)/self will be under the supervision of the authorized parish personnel (as indicated above) on the stated date. I consent to the stated conditions for participation in this event. I further understand that if my child/self chooses behavior that is inappropriate, I may be requested, at my expense, to remove my child(ren)/self from the program.

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Participant's name(s)

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Guardian's name

Guardian's signature

Date

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Emergency Contact Name

Phone Number

Medical concerns, medications or allergies that the supervisor should be aware of:

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Optional: I grant permission for non-prescription medication (e.g. Tylenol, throat lozenges, etc) and routine nonsurgical medical care to be given to my child(ren), if deemed advisable by the personnel supervising the event.

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Signature

Date