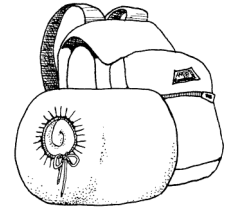




High School

Back to School

Sat., Aug 11,
7:00pm to Sun.,
Aug 12, 9:00am



Cost: \$15

Checks may be made out to St. Alphonsus Parish
Lock-in activities include campfire, S'mores,
Romans vs. Christians, midnight prayer & more!



Information:

7:00pm: Doors Open for Arrival: **St. Cecilia Church**
700 S. Meier Road, Mt Prospect

(doors close @ 11pm so arrive before then!)

9:00am: Doors Open for Departure

\$15 covers activities, pizza, pop & small breakfast

Things to Bring:

- Sleeping Bag, Blanket and Pillow, Air mattress recommended
- Toiletries (toothbrush & toothpaste is a MUST!)
- Change of clothing to sleep in and for the morning
- Snacks/Desserts to share, favorite games to play
- Dark clothes to play Christians & Romans at night.
- Games & Movies to share (once approved by YM)

This event is for high school only. Bring a friend!
Each teen needs a form to register.

Space is limited based on chaperone availability.

Permission forms are due by Tuesday, August 7, 2018

Questions? Contact Kathy McGourty at 847.255.7452 or

youthministry@saintalphonsus.com

Youth Permission Form Completed by Parent/Guardian for
High School Lock-in ~ August 11-12, 2018
THE FOLLOWING FORM MUST BE COMPLETE FOR EACH PARTICIPANT

I give permission for my son/daughter (PRINT participant's name) _____ (____)
First Last Gr

to participate in the August 18-19, 2017 Lock-in event sponsored by TCIA YM. I hereby release and indemnify the Archdiocese of Chicago, St. Cecilia/St. Alphonsus Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

parent phone _____ parent e-mail address _____
TCIA (Teen Catholics In Action may use photographs/videos of my child at this event for
promotion in the bulletin/parish website/parish Facebook page
Yes _____ No _____

Student Signature _____ Parent/Guardian Signature _____ Date _____

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT _____

Relationship _____ Phone No. () _____

NAME OF PHYSICIAN _____ Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

Other Comments _____

Return this completed form to the parish office by Tuesday, August 7, 2018
Checks should be made out to: St. Alphonsus Parish