

# St. Mary Magdalen Youth Ministry

## LOCK - IN

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At SMM Church hall and Youth Room  
Nov 2<sup>nd</sup> - 3<sup>rd</sup> 8PM - 9AM



My child (please print full name) \_\_\_\_\_ has my permission to attend the **Jr & Sr high lock-in at St. Mary Magdalen on November 2-3, 2018 from 8PM - 9AM.**

I understand that the participants will travel via parents' cars to/from the event. I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that SMM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by parish staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. By my signing this, I release SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event (INITIAL HERE)\_\_\_\_\_

Insurance Carrier/Policy Number \_\_\_\_\_  
Insurance company phone number \_\_\_\_\_ Prescription meds taken regularly\*  
\_\_\_\_\_ Other medication taken regularly \_\_\_\_\_ Emergency Contact  
name/number \_\_\_\_\_ We have this information for you on our annual Medical form,  
but please provide your cell number if you are not joining us on the trip! Cell  
Number \_\_\_\_\_ If necessary, the group leader is permitted to administer the following  
over the counter medications to my child: \_ Advil \_ Tylenol \_ Motrin \_ Aleve \_ Halls (cough drops) \_  
Claritin/Zyrtec \_ Benadryl \_ Robitussin (cough syrup) \_ Other (please specify) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Printed Name \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Date \_\_\_\_\_ \*If Prescription Medication is indicated,  
Form C is required.

We need cleared adults to chaperone this EVENT:     Yes, I am able to chaperone if needed!  
E-mail \_\_\_\_\_ Can sign up for partial chaperone slot.  
Preferred time to attend: \_\_\_\_\_