



8th-12th Grade Lock-In

March 30 - 31

4:30 p.m. Saturday - 7:30 a.m. Sunday

The Lock-In will include....

Mass, fellowship, food, games and The Amazing Race!

Invite a friend to join you!

Registration Fee-\$10

Registrations Due-March 27

(If a friend is attending with you they also need to complete a registration form)

Lock-In participants are asked to bring a snack to share with the group. Dinner will be provided. Participants are also asked to bring a sleeping bag/pillow and whatever items they will need during the Lock-In.

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
8th-12th Grade Lock-In...Please Return to the Parish Office by March 27

Sts. Anne & Joachim

Participant's name: _____

Birth date: _____ Male/Female: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell Phone: _____

Email: _____

I, _____, grant permission for my child, _____,
(Parent or guardians name) (child's name)
to participate in the 8th-12th grade Lock-In. This activity will take place under the guidance and direction of parish employees and volunteers from Sts Anne & Joachim. A brief description follows:

- Type of event: 8th-12th Grade Lock-In**
- Destination of event: Sts. Anne & Joachim**
- Individual in charge: Susan Ripplinger**
- Date of event: Saturday March 30, 4:30pm-Sunday March 31, 7:30 a.m.**
- Cost of event: \$10**

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature: _____ **Date:** _____

EmergencyContact _____ Phone _____

Doctor's Name _____ Phone _____

Current Medications _____

Allergies or Other Medical Concerns _____

Insurance Company _____ Policy# _____