

YOUTH GROUP MINI LOCK IN

WHEN: FRIDAY JUNE 28, 2019

WHERE: STARTING AND ENDING AT CHURCH

TIME: 6:00 PM UNTIL 1:00 AM

COST: \$20 (CASH ONLY PLEASE)

PLAN ON JOINING US AT CHURCH ON FRIDAY June 28 AT 6:00 PM

We will have pizza and pop. Then we will be heading out for a night of fun.

WE THEN WILL RETURN TO CHURCH AND BEGIN AN EVENING FILLED WITH SNACKS AND MORE GAMES AND MORE FUN.

We will need to know by Friday June 21, 2019 if you will be attending this event. We will need to make sure we have enough transportation for everyone. We would love for you to bring a friend to this event. They will need to have this permission form and also the consent and release form that is attached to this form.

PARENTS: WE WILL HAVE A COPY OF THE ITINERARY FOR YOU WHEN YOU DROP OFF YOUR YOUTH. WE LIKE TO KEEP THE YOUTH GUESSING ON WHAT WE ARE DOING THAT EVENING.

ANY QUESTIONS PLEASE CONTACT JOE: 708-917-9175 OR AMY :708-917-9176

_____ YOUTH NAME

_____ PARENT SIGNATURE

PERMISSION CONSENT AND REALEASE FORM

**OAKLAWN WESLEYAN CHURCH
8844 SOUTH AUSTIN
OAKLAWN, IL. 60453
708-599-3660**

PARTICIPANT _____

ADDRESS _____

GRADE IN FALL _____

WE THE UNDERSIGNED PARENTS OR GUARDIANS HEREBY GIVE THE CONSENT TO THE WESLEYAN CHURCH, 8844 S. AUSTIN OAKLAWN, IL FOR OUR YOUNG PERSON TO ATTEND AND PARTICIPATE IN OUR ACTIVITIES.

WE HOLD THE CHURCH AND THE LEADERS HARMLESS AND BLAMELESS FOR ACCIDENTS, MISHAPS OF OTHER SIMILAR EVENTS THAT MAY OCCUR FROM THIS TRIP. WE FURTHER UNDERSTAND THAT OUR FAMILY ACCIDENT AND HEALTH INSURANCE IS TO BE THE PRIMARY COVERAGE FOR ANY MEDICAL EXPENSES AND THAT THE CHURCH'S MEDICAL INSURANCE COVERAGE IS LIMITED REGARDING SPORTS. IT IS IMPORTANT FOR US TO MAINTAIN OUR TESTIMONY AS A CHURCH GROUP. THEREFORE THE FOLLOWING RULES ARE ENFORCED. ANY VIOLATIONS WILL RESULT IN PARENTS BEING CALLED TO PICK UP THEIR YOUNG PERSON IMMEDIATELY WITHOUT REFUND AND TO ASSUME ALL TRANSPORTATION COSTS.

1. NO USE OR POSSESSION OF CIGARETTES, DRUGS, OR LIQUOR.
2. FULL COOPERATION WITH ADULT SPONSORS
3. NO OBSCENE OR ABUSIVE LANGUAGES

WE ALSO HEREBY GIVE PERMISSION TO TAKE SAID PARTICIAPANT TO A DOCTOR OR HOSPITAL AND HEREBY AUTHORIZE MEDICAL TREATMENT, INCLUDING BUT NOT IN LIMITATION TO EMERGENCY SURGERY OR MEDICAL TREATMENT.

PARENTS OR LEGAL GUARDIAN SIGNATURE _____

PARENTS OR LEGAL GUARDIAN PHONE _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER _____

HOSPITAL INSURANCE & POLICY NUMBER _____

PHYSICIANS NAME AND NUMBER _____

MEDICATIONS TAKING ON TRIP _____

ANY ALLERGIES OR SPECIAL MEDICAL CONDITONS _____

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RULES OF CONDUCT FOR ME IN ORDER TO PARTICIPATE IN ACTIVITIES THIS SCHOOL YEAR.

YOUTH SIGNATURE _____