

WIRED YOUTH GROUP PERMISSION SLIP & MEDICAL RELEASE

I give consent for my child, _____ to participate in all activities planned for the lock-in on 26 Oct 07 at Good Shepherd United Methodist Church.

The lock in is from Friday 7:00pm 26 Oct 07 to Saturday 0900am 27 Oct 07.

I certify that my child is in good health and suffering no illness, disabilities or limitations that would endanger their health or safety on the activity described above.

I authorize the adult leaders of WIRED to obtain emergency medical treatment as may be required should my child suffer from any sudden illness or accident. I also give permission to the physician authorized by the adult leader in charge to hospitalize, secure proper anesthesia, order injection or secure other medical treatment as needed and provide transportation to a medical facility.

I hereby agree to my child's participation and waive all claims against the leaders of this activity and representatives of Good Shepherd United Methodist Church, except for clear acts of negligence or non adherence to safety guidelines.

Name: _____ Relationship to Youth: _____ Phone: _____

Alternate: _____ Relationship to Youth: _____ Phone: _____

Date: _____ Signature: _____

This form must be signed and returned to Brian Hammer before the youth will be permitted to participate. Any non regular attendee will need to also fill out and return a Youth information sheet along with this form.

Who: Youth 13-18 years old

What: Youth Lock In

Where: GSUMC

When: 7pm Friday 26 Oct 07 until 9am Saturday 27 Oct 07

Why: Fellowship, fun, and I don't have enough stress in my life to not have a lock in.

Bring a snack to share. Bring sleeping bag / pillow.