

Group Name: \_\_\_\_\_  
(for quick reference)

Transaction Code: \_\_\_\_\_  
(for office staff)

# OVERNIGHT LOCK-IN

## PARTICIPANT REGISTRATION FORM



Participant's Name(s): \_\_\_\_\_

(Please fill out one form per family and turn into your Main Group Leader)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Age(s) (while attending): \_\_\_\_\_

Grade(s) in School: \_\_\_\_\_

### PARENTS PLEASE SIGN

I, the undersigned parent/guardian of this (these) minor child(ren), give permission for participation in the Overnight Lock-In. I give permission for my child(ren)'s picture(s) to be taken to be used on the website or in program publications. I hereby give permission for the adult bearer of this document or a photocopy thereof to give consent for emergency medical treatment by a licensed physician in the case of an emergency.

(Sign Here) \_\_\_\_\_ Date: \_\_\_\_\_

### OVERNIGHT LOCK-IN

Group Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Main Group Leader: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Will dinner be served by your group? Yes or No

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PLEASE NOTE:  
All registrations are final and non-refundable.

### PAYMENT

Registration Deadline: \_\_\_\_\_  
Full payment is due with registration form.

Participant(s): # \_\_\_ x \$ \_\_\_ = \_\_\_

Extra Paid Chaperone(s): # \_\_\_ x \$ \_\_\_ = \_\_\_

Total amount enclosed:

Please make checks payable to:

\$

### HEALTH AND PARENTS CONSENT FORM

A Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency, whom should we notify if we cannot reach you?

Name(s): \_\_\_\_\_

Relationship(s): \_\_\_\_\_

Emergency phone number(s) \_\_\_\_\_

Are there any allergies or other physical needs/limitations that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_