



Hello parent/guardian(s)! Our Middle School Lock-in is Friday, January 19 starting at 8 p.m. and ending Saturday, January 20 at 7:30 a.m. Please register your child in advance by January 17. If you are a member of Trinity, you only need to bring back the Covenant and Discipline Policy form on the back. Bring a friend! If they are not a member of

Trinity, we need that form plus the Medical Consent and Liability forms (available separately). Please bring the completed forms with you on Friday if you do not drop them off ahead of time. **A parent/guardian for each participating youth (even if it's a friend that's invited) needs to accompany them into the church to sign in and also provide transportation home after the event.** For the safety of everyone, you will not be able to sign in other people's children into our lock-in unless prior arrangements have been approved. The doors will be locked at 9 pm.

**What to expect:**

- 8-8:30 p.m. - Registration opens (we **cannot** accommodate early drop-offs)
- 8:30-9:30 p.m. - Name games, ice breakers
- 9:45-11:45 p.m. - Rotating stations: Bible study, service project, activities
- 12-12:45 a.m. - Worship (\*New\* - youth will create and help lead the service!)
- 1-2 a.m. - Pizza and snacks
- 2-3 a.m. - Romans and Christians!
- 3-6 a.m. - Movies, activities, sleeping encouraged ☺
- 6-7 a.m. - Clean up!
- 7:30 a.m. - Youth get picked up! (Please be on time)

<b><u>What to Bring</u></b>	<b><u>What Not to Bring</u></b>
<ul style="list-style-type: none"> <li>• \$5 and any volunteer snacks/breakfast items for the group</li> </ul>	<ul style="list-style-type: none"> <li>• Handheld electronics (mp3 players, videogames, etc.) and cell phones*</li> </ul>
<ul style="list-style-type: none"> <li>• Sleeping Bag and Pillow</li> </ul>	<ul style="list-style-type: none"> <li>• Individual candy and energy drinks. (Energy drinks are strictly prohibited)</li> </ul>
<ul style="list-style-type: none"> <li>• Great Smile and Positive Attitude!</li> </ul>	<ul style="list-style-type: none"> <li>• Negative Attitude</li> </ul>

\*Cell phones will be collected at check-in, but available to the youth for a brief time during the movie period.

**Your help is greatly appreciated to make this a successful event!** We will need a minimum of 3 female and 3 male chaperones at all times. If you could help for a couple hours or all night, please let me know as soon as possible! We also need a breakfast and clean-up crew in the morning. Any questions, late drop off, or early pick up? Please contact me at 715-258-7688 or via email at kmiller@tlcwaupaca.org. Thank you! We are looking forward to a great time!

God's Peace,



Kim Miller, Youth Program and Communications Coordinator

**TRINITY LUTHERAN CHURCH MIDDLE SCHOOL LOCK-IN  
COVENANT AND DISCIPLINE POLICY**

**COVENANT**

*Treat every person as a child of God. No one is to treat others as if they do not matter.*

I will respect the right of each person to participate fully in the Middle School Lock-in whether as a student, chaperone or leader.

I will be considerate of those directing, teaching, and leading each of the sessions.

I will allow others to participate and learn, and I will participate in all events.

I will respect the right of each person to be safe.

I will be careful in play situations.

I will not hit, push, or kick other people.

I will respect the right of each person to be treated kindly.

I will avoid name-calling, swearing, and bad language.

I will praise others rather than using "put-downs."

I will not bring energy drinks into the lock-in.

I will not bring weapons of any kind, nor will I wear offensive clothing.\*\*

I will respect the church property and supplies.

I will play and stay only in the areas designated.

I will be a good "housekeeper" of the Lord's House.

I will respect myself as a Child of God.

\_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

**DISCIPLINE POLICY**

My child, \_\_\_\_\_, has permission to attend the TLC Middle School Lock-in on Friday, January 19, 2017 starting at 8 p.m. and ending on Saturday, January 20, 2017 at 7:30 a.m.

If the youth is behaving in a manner that is not respectful of the rights of others, the youth will be reminded privately of the proper behavior once. If the incorrect behavior happens a second time, the youth's parent/guardian will be called (regardless of the time of night) to pick up their child immediately.

\*\*If weapons or offensive clothing are found, the child will be sent home immediately.

\_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature

Parent or Guardian's Name: \_\_\_\_\_  
Please Print

**Phone numbers to reach parent/guardian during the lock-in:**

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**NON-Trinity Members ONLY**  
**TRINITY LUTHERAN CHURCH**  
206 E. Badger Street, Waupaca, WI 54981  
**YOUTH MEDICAL RELEASE AND CONSENT FORM**  
(Each participant must complete this form)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S): \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

(Please photocopy insurance cards and include with this form)

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (LIST NAME AND DOSAGE):

\_\_\_\_\_

HEALTH HISTORY: (MAJOR ILLNESSES, LAST TETANUS SHOT, ALLERGIES, ETC.)

\_\_\_\_\_

\_\_\_\_\_

FATHER EMPLOYED AT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER EMPLOYED AT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

Dear Parent or Guardian:

This form will be presented to the attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance card.

Parent/Guardian (name) \_\_\_\_\_ "I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child (name) \_\_\_\_\_ in the event of a medical emergency occurring during my absence or when hospital or medical personnel cannot contact me. This authorization extends to all medical facilities and personnel regardless of setting, in or out of a medical facility, in the treatment of my minor child."

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

07/27/2009

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**Non-Trinity Members  
RELEASE of LIABILITY**

In exchange for participation in the activity/event of the Middle School Lock-In organized by Trinity Lutheran Church, from the date(s) of: January 20-21, 2017, agree for myself and (if applicable) for the members of my family to the following:

I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Trinity Lutheran Church for injury, loss or damage arising out of my or my family's use of, or presence, upon the activity/event fore-mentioned, whether caused by myself, my family, Trinity Lutheran Church or other third parties.

I hereby give permission to have my child/student, if applicable, to ride the Trinity bus, for any outside activities that are in conjunction with this event.

Student Signature \_\_\_\_\_

Parent (Guardian): print \_\_\_\_\_

Parent (Guardian): signature \_\_\_\_\_