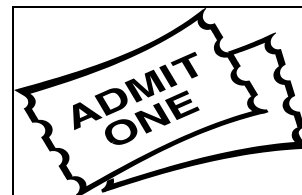


# SAINTS JUNIOR HIGH LOCK-IN

Grades 6-8

"The Word of the Lord Grows"

Acts 19:20



March 5-6, 2010 6:30 p.m.- 8 a.m.

## REGISTRATION FORM

NAME \_\_\_\_\_ youth \_\_\_ adult \_\_\_

PARENTS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Mom CELL PHONE \_\_\_\_\_ Dad CELL PHONE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

A \$25.00 fee is required to cover cost of t-shirt, food, and programming.  
Please include payment when submitting registration form.

### T-Shirt Sizes

Adult \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

CHURCH \_\_\_\_\_

PASTOR/DCE (print and sign) \_\_\_\_\_

ATTENDING ADULT \_\_\_\_\_

**Mail Registration(s) and check/money order to:**

Saint Paul Lutheran High School

Attn: Gloria - Junior High Lock-In

P.O. Box 719 Concordia, MO 64020

**Please make checks payable to:**

Saint Paul Lutheran High School - Lock In

**Registration Deadline:  
February 23, 2010**

# PARENTAL CONSENT FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Church \_\_\_\_\_ Current grade \_\_\_\_\_  
Parent(s) business phones \_\_\_\_\_  
\_\_\_\_\_

To whom it may concern:  
The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
\_\_\_\_\_, to attend and participate in activities sponsored  
(Name of child)  
by Saint Paul Lutheran High School.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Saint Paul Lutheran High School.

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency phone numbers \_\_\_\_\_  
\_\_\_\_\_

Participant	Date
Father	Date
Mother	Date
Legal guardian	Date

Please list any allergies, special medical and/or dietary concerns your child may have, and include a photocopy of your insurance card.