



Middle School Lock-In



PLEASE JOIN US FOR OUR ANNUAL AREA MIDDLE SCHOOL LOCK IN!

DATE: MARCH 2-3

WHERE: ST. THOMAS AQUINAS AND FULLER HALL (WEBSTER CITY)

SCHEDULE

6:15-10:00—EAT AND PLAY GAMES AT ST. THOMAS AQUINAS

10:00—2:00—SWIMMING AND GAMES AT FULLER HALL

2:00—7:00—MOVIES AND GAMES AT ST. THOMAS AQUINAS

SWIMMING, BASKETBALL, WALLEYBALL,
DODGE BALL, POOL, AIR HOCKEY, FOOSBALL
NINTENDO WII, MOVIES, AND MORE



Meet new people!



Make new friends!



Please bring a 2 liter of pop, snack to share, swim suit, gym clothes, sleeping bag or blanket, pillow, and tennis shoes

Parish permission form and \$10.00 fee are due to Brenda by Wednesday, February 20.
Sorry, no late forms will be accepted.

Off-site/Field Trip Permission Form

Adult in Charge: Brenda Koppes

Grades: 6-8

Cost of the Event: \$10, 2 liter bottle of pop, snack to share

Event and Purpose: Area Lock-In, to provide way to meet Catholic Peers from the area

Date(s) of event: March 2-3, 2019

Departure time: 3/2 @ 4:00pm

Arrival Time: 3/4 @ 7:30am

Form of transportation* Volunteers

*Private passenger autos (volunteers) are needed, will you be able to drive?

Due to safety concerns, we will be in need of at least 2 drivers. Drivers do NOT have to stay at event if they so chose.

_____ Yes, I will be able to drive and accommodate _____ students (a seat belt is required for each youth & no child is to be seated in the front seat of a car equipped with a passenger side airbag, unless meets manufacturer's recommended age.)

_____ Virtus Trained? *Drivers can have their gas covered.

Section 1 - By signing this form, I (parent/guardian) certify that I request and-give my permission for

_____ to attend this event. Further, I have also completed the

name of participant

Parental/Guardian Consent Form and Liability Waiver and agree to the conditions as set forth.

Parent/Guardian Signature(s) _____ **Date:** _____

Phone number(s) _____

Section 2 - Nonprescription Medication Permission—By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature(s) _____ **Date:** _____

Section 3 - Any medical important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since your completion of the Parental/Guardian Consent Form and Liability

Waiver: _____

(continue on reverse side if needed)

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Section 4 - As a participant in the Lock In, I understand and agree to conform to the Youth Participant Code of Conduct. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Youth Rally and that my parent's/guardian's will be expected to come immediately to pick me up. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from the Youth Rally.

Initials of Youth _____

Return this permission slip by: Wednesday, February 20, 2019 (Late permission slips may not be permitted.)

This permission slip is REQUIRED to attend this event.