



Our Lady of Mercy L.I.G.H.T. Youth Ministry presents...



TEEN LOCK-IN

Friday-Saturday, December 8-9, 2017
8:00 PM until 8:00 AM

All high school teens are invited to our Teen Lock-In on December 8-9 in the Youth Center and Multi Purpose Room of the PLC.



Activities include: Inspiring faith and prayer time, meeting new people, games including “Underground Church”, basketball, dodge-ball, kick-ball, volleyball, fooseball and air hockey, & lots more!

Cost: The cost for this event is \$10.00

*Included: Pizza on Friday night and Breakfast on Saturday morning.

Permission Form: Please fill out the permission form and return with the fee (cash or check made payable to Our Lady of Mercy) by the deadline of DECEMBER 7TH to reserve your spot at this event!

Items to bring: A snack to share (chips, cookies, fruit, etc.) sleeping bag, pillow, and sports/athletic/comfortable wear.

Deadline: Please return the permission form (attached) and Fee by
Thursday, December 7th!

Please contact Dave at 630-851-3444 x225 OR DaveM@olmercy.com with any questions.



DEADLINE!
Please return Permission Form & \$10 Fee to the Youth Ministry Office by Thursday, December 7th!

Parents, we need your help at this event!
___ I can help chaperone over night
___ I can help with breakfast or registration (circle one)

General Permission Form

I request that my child, _____, be allowed to participate in the TEEN LOCK-IN on December 8-9, 2017 at OLM Parish Life Center. I hereby release and indemnify my parish, Our Lady of Mercy Church, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Teen Signature: _____ Date _____

Parent Signature: _____ Date _____

Medical Permission Form

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Name(s): _____

Parent's Phone #(s): _____

Allergic to medication/other? NO YES (circle one)
If YES, please describe:

Medication(s) presently taking: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

If parent(s) can't be reached
In case of Emergency, contact: _____
Phone #'s: _____

Teen Cell Phone _____