



Holy Infant TYM Overnight Lock-in Friday September 24-25

When: Fri. Sept. 24 @ 8:30pm (after HI-life) to Sat. Sept. 25 9:00 a.m.

What is a LOCK-IN ?

Lock-in is an overnight community building event for 9th - 12th graders held in the Holy Infant Church Hospitality and Fellowship rooms. The long night is filled with fun, music, games, movies, faith and team building activities. Late night pizza feeds the hunger and early morning conversations feed the friendships. Late night movies lead to sleep and/or eventually into morning prayer and an eye opening breakfast.

What to Bring ?

Pillow & sleeping bag (ground pad if you want more comfort)

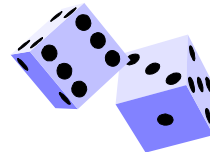
Your favorite board games, CD's, NERF toys

Musical instruments for jamming

Two canned food items for the Holy Infant Food Basket

Snacks to share

- Girls bring a 2 or 3 liter bottle of juice or soda
- Guys bring snacks to share (chips, cookies, popcorn, fruit, etc.)



Signed permission slips are due by Friday Sept. 24 th. This event is free.

Please email Amber Kirkley (282-2491; amberkleindienst@hotmail.com) to ensure we know your youth is expected.

Dear Parent or Legal Guardian:

Your son/daughter/guardianship is eligible to participate in an overnight parish activity at Holy Infant. This activity will take place under the guidance of adults from Holy Infant. A brief description follows:

Activity: Overnight Lock-in for TYM Community Building
Location: Holy Infant Hospitality & Fellowship Rooms
Start Date/Time: Friday September 24 at 8:30p.m.
End Date/Time: Saturday September 25 at 9:00a.m.
Method of Transportation: Your family is responsible for transportation to and from Holy Infant.

If your child may participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent/guardian, you remain fully responsible for any liability which may result from personal actions taken by your son/daughter. **If your youth brings or uses drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the event.**

I hereby consent to participation by my child, _____, in the event described. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I release the Diocese of Raleigh, Holy Infant Catholic Church, Durham and their agents and volunteers from any injuries which may be incurred by my youth.

I give permission for my child, in the event of an emergency, to be taken to a physician or hospital by either an adult youth leader or diocesan or parish personnel. I understand that every effort will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge to hospitalize and secure proper treatment, including surgery, for my son or daughter.

Parent/Guardian Signature _____ Date _____

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Bring the completed form to Holy Infant on Friday Sept. 24.

Complete only if changes have occurred since your 2010-2011 medical release form was submitted with your HI-life registration.

Participant's Full Name _____

Address _____ Zip _____

Social Security number _____

Medical insurance _____ Policy Number _____

Parent(s)' Name(s) _____

Home Phone Number _____ Cell Phone or Other Number _____

Emergency Contact other than parent _____ Phone _____

Allergies, or medical/physical/dietary restrictions/requirements _____

Medications currently taking (including over the counter) _____