

Lock-in Registration

Notes to Church Leaders:

The following two pages contain the
Registration - Consent/Release of Claim form.

SPECIAL INSTRUCTIONS

1. Please print off an original hard copy of this form and fill in your congregation name and city, local contact person and his/her contact information (phone number, e-mail, facebook).
2. On the same original, please fill in YOUR local registration deadline. YOUR deadline should be at least several days before the LCM deadline so that you have time to collate your information and send the forms and registration fees to LCM BY SEPTEMBER 26.
3. Make copies of the registration form and distribute to potential participants.

Faith, Hope, Love --- Jr Hi/Middle School Lock-in --October 3-4, 2008

Registration Form

(EVERY participant, including CHAPERONES must complete this form and provide registration fee)

Registration Forms & \$25 Registration Fee Due: _____

Contact: _____

Name of Congregation _____

Congregation Address _____

Participant Name _____

Street Address _____

City/State/Zip _____

M _____ **F** _____ **T-shirt Size (adult)** **S** _____ **M** _____ **L** _____ **XL** _____

Parent/Guardian _____

Street Address _____

City/State/Zip _____

Home Phone _____ **Cell Phone** _____ **E-mail** _____

Participant Medical Information:

Name of Doctor _____

Doctor's Phone _____

Street Address _____

City/State/Zip _____

Name of Insurance Carrier _____

Insurance Policy # _____ **Insurance Group #** _____

Participant Social Security # _____ - _____ - _____

(to be used only in the case of medical emergencies--this will not be shared with anyone except medical intake personnel)

Please list any special needs or problems of your child, including allergies and other medical issues _____

Medications currently taking (prescription and over the counter--please include doses) _____

Medical Contacts: Please list a contact person (other than parent/guardian)

Name _____

Home Phone _____ Cell Phone _____

Relationship to participant _____

Release of all claims

In consideration of being accepted by the Northern Illinois Synod, ELCA and Lutheran Campus Ministry, ELCA at Northern Illinois University (NIU) for participation in the Lock-in event:

I/we do for myself/ourselves and on behalf of my/our child/participant do hereby release, forever discharge, and agree to forever hold harmless the Northern Illinois Synod and Lutheran Campus Ministry at NIU and Northern Illinois University, the employees and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage or loss and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's/participant's participation in this synod and campus ministry sponsored youth event, including travel, recreation and all associated activities.

Further, I/we, and on behalf of our child/participant under 18 years of age, hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I/we have made private arrangements for any medication taken on a daily schedule by my/our child/participant.

I/we am/are the parent(s) or legal guardian(s) of this participant, and hereby grant my/our permission for him/her to participate fully in said activities and event, and give my/our permission to take said participant to a doctor, hospital, share the above medical information and authorize treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my/our child/participant.

I/we give permission for my/our child/participant to receive over the counter medication such as Tylenol, ibuprofen, anti-diahhreal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I/we also the child's/participant's name as part of an information database for the synod, campus ministry and ELCA related entities, and that photos/videos produced by the synod, campus ministry or ELCA become the property of the synod and/or campus ministry and can be used for ELCA related purposes and publicity including the websites of Northern Illinois Synod and Lutheran Campus Ministry at NIU.

Parent/Guardian's signature _____

Date _____

Participant's signature (if over 18) _____

Date _____

Lock-in Registration CHECKLIST

Notes to church leaders:

Please complete the check-list on the following page.

PLEASE RETURN THIS CHECKLIST WITH YOUR PACKET OF COMPLETED REGISTRATION FORM AND WITH THE REGISTRATION FEES.

*Please send this check list, all registration forms and fees to
LUTHERAN CAMPUS MINISTRY
401 NORMAL ROAD
DEKALB, IL 60115*

Contact Pastor Diane Dardon with any questions or concerns regarding registration: dianedardon@gmail.com

**LUTHERAN CAMPUS MINISTRY--REGISTRATION
DEADLINE: SEPTEMBER 26, 2008**

Registration Check-list

(Please check off each item to assure complete registration. Return this completed check list with the individual registration forms and fees. Please include adult chaperones on the check-list.)

Congregation Name _____ City _____

Participant Name	A. Sex	B. T-shirt	C. Insurance Info.	D. SS #	E. Signature	F. \$
<u> 1 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 2 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 3 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 4 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 5 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 6 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 7 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 8 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 9 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 10 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 11 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 12 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 13 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 14 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 15 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 16 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 17 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 18 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 19 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___
<u> 20 </u> _____	A ___	B ___	C ___	D ___	E ___	F ___

(Please make additional pages if necessary)

Please complete this check-list and RETURN with registration forms and fees.

SEND TO LCM BY SEPTEMBER 26:

Lutheran Campus Ministry, 401 Normal Road, DeKalb, IL 60115

