

**St. Paul's United Methodist Church  
Junior/Senior High Youth Lock-IN  
Registration Form**

**Wednesday, Dec. 30th (7:00 PM) to Thursday, Dec. 31st (7:00 AM)**

**Participant's Information:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zipcode \_\_\_\_\_

Cell Number: \_\_\_\_\_ Youth Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

If you're a visitor, who invited you? \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Contact Number: \_\_\_\_\_

**Emergency Contact and phone number (other than parents):**

NAME: \_\_\_\_\_ (Relationship) \_\_\_\_\_

St. Paul's United Methodist Church  
Youth Ministry Event

910 E. North St., Manteca, CA 95336

Office Phone: 209-823-7154

Email: churchoffice@stpaulsmantec.org

**Consent to Participation and Treatment**

I, (parent name) \_\_\_\_\_, parent or legal guardian of (youth name) \_\_\_\_\_, hereby consent to the participation of said **youth** in the “Youth Lock-In”. I also consent to any hospital, medical, or surgical care and treatment as well as the administration of anesthesia, determined necessary by a qualified physician to be necessary for the welfare of my **youth** while said **youth** is under the care, custody, and control of the St. Paul's United Methodist Church, and I am not reasonably available by telephone to give consent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**What allergies to food or drugs does said youth possess?**

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

**What special medications does said youth take?**

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

Are there any other medical, physical, or emotional conditions that the staff and volunteers of St. Paul's United Methodist Church should be aware of when dealing with said **youth**? Please explain.

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Family Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Phone Number \_\_\_\_\_

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

## Expectations/Covenant

1. Respect is a key expectation at all St. Paul's Manteca UMC Ministry events and activities. No put downs, please! Affirmations are welcome!
2. Youth will treat EVERYONE they come in contact with in a loving and respectful attitude and manner.
3. Anyone found in possession or consumption of alcohol or illegal drugs will be sent home at their own expense. Also possession of weapons is cause to be sent home. Tobacco products are not allowed.
4. While no misconduct is expected or desired, if the basic behavioral guidelines and adult instruction cannot be reasonably followed, at the discretion of the adult leadership, you may be called to retrieve your child from the event at any time during the event.

Also, if you have permitted other adults to pick your child up after the event concludes, please note the name of that person on the registration form. If there is a question regarding this arrangement, you may receive a call to confirm your instruction.

Please initial here to confirm you have read this paragraph: \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_