



WCBC JUNIOR-HIGH LOCK IN



Come join us for a fun evening, filled with games, music, snacks, fellowship, and one crazy obstacle course as we dive into God's word.

This event is open to all junior highers, 6th-8th grade.

Dates: Friday-Saturday, March 15th-16th

Time: Registration 9:00-10:00 p.m. Morning pick-up 7:00 a.m.

Location: Walnut Community Bible Church - Walnut, IL

Please turn in completed registration forms to:

Tracey or WCBC

Deadline to guarantee a T-shirt that night – March 6th

Feel free to contact us for more information: (815)866-1666

\$5 suggested donation

“Whoever believes in me, as the Scripture has said, streams of living water will flow from within him.”
John 7:38



Youth Lock-In Registration Form

Child's Name _____

Current Age _____ Date of Birth _____ Gender _____

T-shirt Size (adult sizes) _____

Allergies/Behavior/Restrictions

Does your child have any allergies, physical and/or behavior issues, or food restrictions we should be made aware of? _____

Emergency Contacts

Please list yourself and others authorized to act on your behalf in the event of an emergency. Please list in order of whom we should call first.

	Name	Relationship	Contact Number
1 st			
2 nd			
3 rd			

Medications

Please Note: the Youth Lock-In Staff will not be administering any medications to children; this is solely the responsibility of parents

Informed Consent & Authorization for Emergency Treatment

1. I understand that I will be notified if my child listed on this form becomes injured and/or ill while attending Youth Lock-In
2. I agree that upon notification of my child's injury and/or illness, I will have him/her picked up immediately.
3. In case of an emergency or when I cannot be reached, I hereby give authorization to the Youth Lock-In staff to contact other emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the Youth Lock-In staff and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child listed above.

Condition of Enrollment: I have read, understand, and agree to the terms and conditions listed on this Emergency Contact Form and I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

X _____