



The Official Youth Lock-in Registration Form

PARTICIPANT INFORMATION: *(Please print and fill out completely.)*

First Name: _____ Last Name: _____

Grade: _____ Birthdate: _____ Age: _____ Sex: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

PARTICIPANT CODE OF CONDUCT: *(To be signed by participant.)*

By signing this, I agree to behave in a respectful and appropriate manner during the entire event. If I do not behave appropriately and follow the directions/rules of the retreat leader(s) I understand that my parent(s)/guardian(s) will be notified. I may also be sent home early and prohibited from attending NSBC youth events and trips in the future.

Participant Signature _____ Date _____

PARENT/GUARDIAN INFORMATION AND AUTHORIZATION: *(Please print)*

Parent/Guardian Name(s): _____

Cell Phone: _____

Relationship to student: _____

Email: _____

As the parent/legal guardian of _____ (student's name), I grant him/her permission to attend the 2018 Youth Lock-In at New Salem with the NSBC Life Development Department. I understand that the non-refundable cost of the event is \$10 and must be paid by Sunday, December 16, 2018. I also understand that photography and video will be captured of the event and the event attendees. My child must arrive before 12:00 am when the doors are officially locked and no student is allowed to leave before 6:00 am unless he/she has documented parental permission. I hereby absolve New Salem Missionary Baptist Church of any liability resulting from or relating to _____'s (student's name) failure to adhere to the rules set forth by the Life Development Dept.

Parent Signature _____ Date _____

MEDICAL AUTHORIZATION: *(Please print)*

Does the participant have any allergies? No _____ Yes _____ If yes, please provide details below:

Please provide details of any current or recent medical conditions, diseases, disorders or problems:

Is any special care, medication or diet required? No _____ Yes _____ If yes, please list below:

Date of youth's last tetanus shot (Month and Year) _____

Is the child covered by accidental insurance coverage? Yes _____ No _____

Health insurance Company _____ Policy Number _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

PERMISSION TO PROVIDE MEDICAL CARE:

In the event that my child should become seriously ill or injured during an activity organized by the Life Development Department of New Salem Baptist Church (provided a legal guardian is not present) a Life Development Department representative present at the time shall be directed to immediately contact the emergency medical response team for emergency medical treatment and/or transport to a medical care facility. I further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general and special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for my youth, should the same become necessary because of illness or injury. I agree to be responsible for the admission, medical screening and for any drug or medical bills that may be incurred.

Parent Signature _____ Date _____

Physician: _____ Phone _____

Dentist: _____ Phone _____