

# High School Teens & 7<sup>th</sup> - 8<sup>th</sup> GRADERS

*St. Hubert Youth Ministry is inviting you to an*

## ALL-NIGHT LOCK-IN at the ENCHANTED CASTLE

*Friday, February 2<sup>nd</sup> to Saturday, February 3<sup>rd</sup>, 2018*



**Enchanted Castle**

Includes:

- 60 Game Tokens
- Unlimited Go-Karts, Bumper Cars.
- Laser Tag, Highway 66 Mini Bowling.
- Lazer Frenzy & Catapult Ride.
- Pizza & Pop Buffet
- Sunrise Continental Breakfast - Served at 6AM.
- Make new friends with teens from the other parishes

**WHO:** High School Teens & 7<sup>th</sup> and 8<sup>th</sup> Grade Students

**WHEN:** February 2, 10:15 PM - Meet at St. Hubert Parish Ministry Center  
Return to Parish Ministry Center at 6:45 AM February 3.

**COST:** \$45.00 per teen includes transportation, all activities, chaperones, and refreshments

**TO REGISTER:** Return attached permission form with payment to Parish Ministry Center (get additional forms at [www.sainthubert.org/youth-ministry](http://www.sainthubert.org/youth-ministry)).  
Make checks payable to St. Hubert Parish.

Pay online at: [www.sainthubert.org/youth-ministry](http://www.sainthubert.org/youth-ministry). (Include printed copy of receipt for online payment.)

Registration closes January 29, 2018

Questions? [youthministry@sainthubert.org](mailto:youthministry@sainthubert.org) or 847-885-7700 x114

## Parental Information/Release Form

Teen's Name \_\_\_\_\_

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

Address \_\_\_\_\_

Teen's email \_\_\_\_\_ Teen's cell phone \_\_\_\_\_

Home phone \_\_\_\_\_ Is texting allowed? Y N

Parents' names \_\_\_\_\_

Parents' cell/work phones \_\_\_\_\_

Parents' email \_\_\_\_\_

We(I) give permission for our (my) child to attend and participate in Lock-In activities sponsored by St. Hubert Church, February 2-3, 2018. I hereby release and indemnify the Archdiocese of Chicago, St. Hubert Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and/or arrangements made to send my child home at my expense.

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the foresaid personnel to obtain for my child such medical services as are deemed necessary.

I grant permission for the adult chaperones to administer non-prescription drugs as needed for my teen (acetaminophen, ibuprofen, antacids, etc.) \_\_\_\_\_ YES \_\_\_\_\_ NO

In case of emergency, if a parent can not be reached, contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone numbers (home, work, cell, etc.) \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

### INSURANCE INFORMATION

Policy in the name of \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

### HEALTH INFORMATION

Allergies \_\_\_\_\_ Current med \_\_\_\_\_

Other \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_ I give permission for photos to be taken of my child during this event, and for those photos to be published in the parish bulletin, parish web-site, and on the Youth Ministry bulletin board.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_