

High School Teens & 7th - 8th GRADERS

St. Hubert Youth Ministry is inviting you to an

ALL-NIGHT LOCK-IN at the ENCHANTED CASTLE

Friday, February 1st to Saturday, February 2nd, 2019



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 & 7th and 8th Grade Students

WHEN: February 1, 10:15 PM - Meet at St. Hubert Parish Ministry Center
Return to Parish Ministry Center at 6:45 AM February 2.

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).
Make checks payable to St. Hubert Parish.

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

Registration closes January 28, 2019

Questions? 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 1-2, 2019. 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 _____