

Youth Lock-In

Saturday, _____, 8pm - Sunday, _____, 7am
FUMC Youth are permitted to bring 1 non-FUMC youth.

Each youth (FUMC or non) need to return this form to

Janie Burdsal by _____, \$7.00 each youth

Boys bring a 12 pack drink of choice

Girls bring a bag of chips and cookies

Name: _____ DOB: _____ Age: _____

Address: _____ Parent / Guardian: _____

Phone: _____ Allergies/Illnesses/Medications: _____

Signature: _____

In case of an emergency, I consent to any dental or medical treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician and surgeon. I agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child (named above), I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.



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UNITED METHODIST CHURCH