

Attention students in grades 6-8

Middle School Lock Out!

Friday, February 25 through
Saturday, February 26, 2011
9:00 p.m.- 6:30 a.m.

Spend the night out with 200 youth from
local churches

Maple Grove Community Center

(Swimming Pool, Gym, Ice Arena, Teen Room)

Cosmic Bowling

Movies

Cost:

\$30.00*

**includes cost of bus,
activities & 4:30 a.m.*

*Pizza, bring extra \$
for snacks!*

Bring your own ice skates or rent them for Free!

Meet at 9:00 p.m. on Friday, February 25

At St. Mary's Parish Life Center/School:

4690 Bald Eagle Ave.

White Bear Lake, MN 55110

Please arrange to be picked up
at the Parish Life Center
on Saturday, at 7:00 a.m.

Fill out the attached registration form and turn it in with your money

(Checks payable to St. Mary of the Lake) by

Friday, February 18 to reserve a spot.

Additional space may be available after this date.

For more information, call Justin Kelly at 429-7771.

This event is sponsored by T.E.E.N. (Teens Eastside Ecumenical Network). T.E.E.N. is a group of youth workers who collaborate to provide social, fellowship and service opportunities for youth on the East Side of St. Paul so that they may become stronger Christians and develop a sense of the church's presence in the community.

T.E.E.N. has existed since 1989.

MIDDLE SCHOOL LOCK OUT

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER and PG-13 MOVIE APPROVAL

Participant's Name:	
Birth Date:	Sex:
Parent/Guardian's Name:	
Home Address:	
Home Phone:	Business Phone:

I, _____, grant permission for my child, _____
Parent or Guardian's name Child's name

to participate in the below named event(s) and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify TEEN/St. Mary of the Lake from any claims or law suits brought against TEEN/St. Mary of the Lake by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by TEEN/St. Mary of the Lake in defense of such a claim/law suit.

Date of Event:	February 25-26, 2011
Type of Event (Destination):	Middle School Lock Out
Individual(s) in Charge:	TEEN/St. Mary of the Lake
Estimated time of departure and return:	9:00 p.m. (Friday) 'til 6:30 a.m. (Saturday)
Mode of transportation to and from event:	Bus

Medical Information: Please be sure to fill out all of the following information.

Medication my child is taking at present:	
Any other medical information your child's adult leader should know:	
Family Doctor:	Phone:
Family Health Plan Carrier:	Policy #:

EMERGENCY CONTACT: In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name & relationship:	Phone:
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Parent/Guardian Signature: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

Signature:	Date:
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