

**MT. CALVARY LYF LOCK-IN**

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME PHONE (if different than above): (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY AND HEALTH INFORMATION** (To be read and completed by parent):

Current Medication: \_\_\_\_\_  
\_\_\_\_\_

Important Medical History (allergies, medical problems, etc.): \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION: MUST BE INCLUDED**

Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

NAME OF ANOTHER ADULT TO CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR'S NAME: \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

It is to be understood that the adult supervisors act on behalf of the parent in regard to reasonable disciplinary measures should the youth be found to be acting in what is considered either an unsafe or reckless manner. If a parent does not feel that his or her child can act responsibly they should seriously consider not allowing their child to participate in certain events.

**MEDICAL RELEASE**

I hereby appoint the LYF Adult Leaders (and/or any other adult appointed or designated by them) as my agent and representative for the purpose of authorizing and consenting to any and all medical treatment, either by illness or injury, for the above named person while under their care and custody. I acknowledge all financial responsibility for the above named person while in the care and custody of the LYF Adult Leaders (and/or any other adult appointed or designated by them). Furthermore, I acknowledge that Mt. Calvary Lutheran Church and all agents acting in behalf of Mt. Calvary Lutheran Church shall not be held liable for any accidents, injuries, illnesses, or medical complications that may result, nor shall they be held liable for any acts or omissions in relying on this document to treat or care for the above named youth member.

**IN WITNESS WHEREOF**, I have executed this "Medical Release" this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
(Parent / Legal Guardian)

\_\_\_\_\_  
(Parent / Legal Guardian)

**Bring this to the Lock-in. Without it you are not allowed to stay.**