



Wolf River Lutheran High School

W7467 River Bend Road ▪ Shawano, WI 54166 ▪ 715-745-2400

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Mrs. Shellie Kosmerchock, Principal

Student Council Lock-In Permission/Registration Form

Completed Form needs to be returned to WR office by March 17, 2023.

Name of Student:		Grade:	6,7,8
Trip Date:	March 24 - 25, 2023		
Time:	7:30 p.m. - 7:30 a.m.		
Destination:	Wolf River Lutheran High School, Shawano, WI		
Cost:	WR Student Council sponsored		
Snack & Treats:	Student Council will be furnishing all snacks & treats		
Transportation:	To the event by parents or guardians		
Event Summary:	WR Student Council is sponsoring a lock-in for 6-8 grade students.		

Emergency Contact:	In the event of an emergency, contact the following:
	Name: _____ Phone: _____
Emergency Contact:	Alternate emergency contact:
	Name: _____ Phone: _____
Health Concerns:	Please note any physical impairments, health concerns, special accommodations, etc. needed for your son/daughter on this trip:
Permission:	By my signature below, I hereby give permission for son/daughter to attend the WR lock-in as set forth above.
Waiver/Release:	By my signature below, I agree to indemnify, hold harmless, and release from liability WRLHS, its officers, employees, and agents for any injuries to my son/daughter while participating in this activity. In case of an emergency, I give permission for my son/daughter to receive medical treatment deemed advisable. I release from medical responsibility and liability the hospital, medical authorities, and physicians acting on the authority of this medical treatment consent form. I understand that any financial responsibility for the emergency treatment/transportation is my responsibility as a parent/guardian.
Parent/Guardian Signature:	Date: