

# St. Paul's Lutheran Church

## GRACE is the WORD 50's Lock-In for Ages 9-13

January 12 & 13, 2018                      7pm – 7am

Registration and Medical Release Form

**Registration deadline is Sun., Jan. 8, 2018**

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent's Name and Phone Number \_\_\_\_\_

Will your child be picked up before 7am Saturday morning?    Yes                      No

If so: At what time? \_\_\_\_\_ Who will be picking you up? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**T-Shirt Size: Please check the size listed below:**

Adult sizes:

Children sizes

\_\_\_\_ Small

\_\_\_\_ YXS

\_\_\_\_ Medium

\_\_\_\_ YS

\_\_\_\_ Large

\_\_\_\_ YM

\_\_\_\_ X-Large

\_\_\_\_ YL

Your child (if they want) can dress up in 50's clothing!

Food, Sock Hop Dance, pictures, games, lock-in t-shirt, and much more!  
Bring a sleeping bag and pillow...

Fill out and sign the Registration form along with the  
Medical Release form and enclose a

**\$40 non-refundable payment due by Jan. 8, 2018 to the address below  
or put in Risa Powell's office mailbox.**

***Make your check payable to St. Paul's Lutheran Church.***

St. Paul's Lutheran Church

Attn: Risa Powell

10600 N. Council Road

OKC, OK 73162

**(405) 721-0590 for more information**

\_\_\_\_\_ Full Name of Child

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code

\_\_\_\_\_ Medical Insurance Company \_\_\_\_\_ Policy Number or Group Number

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**PERSON (S) TO CONTACT IN AN EMERGENCY:**

\_\_\_\_\_ Name \_\_\_\_\_ Home telephone \_\_\_\_\_ Work telephone

\_\_\_\_\_ Home Address \_\_\_\_\_ (Mailing Address if different from Home)

**Alternate Person To Contact:**

\_\_\_\_\_ Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone

\_\_\_\_\_ Home Address \_\_\_\_\_ (Mailing Address if different from Home)

**PERMISSION FOR MEDICAL TREATMENT**

In the event of a medical necessity or emergency, I hereby authorize the adult representative of St. Paul's Lutheran Church or adult Sponsor for any church event to make any necessary arrangements for the proper medical or surgical care of the above named child, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representative or Sponsor to secure and provide necessary and proper medical treatment for the care of my child. I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date