



# SASDAC Youth Lock-In Permission Form



Where: SASDAC Gym



When: December 14, 2024 7:00 PM to December 15, 2024 8:00 AM



**Lock-In Contacts:**

- Kala Jagga (240) 470-8165
- Giftson James (240) 421-4545
- Annie Raney (301) 509-7188
- Pr. Gerald Christo (301) 801-5314

Youth (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Information** (please print clearly)

Parent Contact (Name): \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**PERMISSION AND EMERGENCY TREATMENT RELEASE**

I certify that (Youth's name) \_\_\_\_\_ has my permission to attend the SASDAC Youth Lock-in on **December 14, 2024 7:00 PM to December 15, 2024 8:00 AM** at SASDAC. If my child breaks any rules I understand that I will be contacted to pick him/her up from SASDAC. I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the Youth staff or designee to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I also understand that I will not hold SASDAC or sponsors responsible for any accident, which might occur.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian)

I also give permission for the use of photographs, video, and electronic images including my child in church materials, including the youth group's Facebook page and church resources.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian)



## SASDAC Youth Lock-In Permission Form

### Authorization for Consent to Medical Treatment of Minor Child

Youth's Physician (Name & Phone#): \_\_\_\_\_

Youth's Allergies: \_\_\_\_\_

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

Important medical history: \_\_\_\_\_

Primary Medical Insurance Carrier: \_\_\_\_\_

Member's Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

### Lock-In Rules And Youth Consent

1. All youth must sign this sheet, indicating their agreement to these rules.
2. A signed parental permission slip is required to attend and parents may be called to verify if there is doubt.
3. Special medication or required items should be indicated on the Medical Release form and given to the Chaperones.
4. Illegal drugs, alcohol, dangerous materials, and firearms are prohibited.
5. All participants must respect others' physical boundaries. Inappropriate behavior is not permitted and will NOT be TOLERATED!
6. Be considerate and respectful of other participants and leaders.
7. Be respectful of the Church building/property.
8. Violation of these rules will result in disciplinary action and may include the participant's parents being called to pick them up regardless of the hour.

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Optional Things to bring:

1. **Equipment:**
  - Basketball/Volleyball
  - Board games
  - Video games
  - Pickleball
2. **Resting/Sleeping Gear:**
  - Sleeping bag/Ground pad
  - Pillow, Blanket, teddy bear
3. **Other Essential Items:**
  - Personal hygiene products: washcloth, toothbrush/toothpaste, comb/brush
  - Flashlight
  - Bible