



### **2009 New Years Eve Lock-In Information**

- ❖ Please bring a 2-litre of soda/drink **and** a snack to share at the lock-in (leftovers will be used for regular center hours.)
- ❖ We are having a canned food and hygiene drive again this year for the St. Mark's Food Bank. For each item you bring, your name will be entered into a drawing to win one of two \$10 gift cards.
- ❖ The first 80 youth to get their permission slips turned in will be accepted, regardless of membership at the Cornerstone Youth Center.



## 2009 NEW YEARS EVE LOCK-IN - - - - PERMISSION SLIP

Childs Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone: \_\_\_\_\_

I request The Cornerstone Youth Center allow my child to attend the New Years Eve Lock-In starting at 9pm on Wednesday, December 31, 2008 and ending on Thursday, January 1, 2009 at 7am. I understand my child will be expected to stay at the center at all times during this evening and that this lock-in will be an all-night event with many different activities and contests and the child will most likely not get any sleep. I also understand that I am to arrange transportation for my child to be picked up at 7am on 1/1/09.

### Emergency/Behavioral Problem Contacts: (Required)

I have instructed my child to follow the rules of conduct as directed by the Cornerstone staff and volunteers. In the event of an emergency or that my child is not behaving accordingly throughout the night, I provide you with the following three contacts:

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
#1 Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**(If a child becomes a major behavioral problem and the parents and emergency contacts cannot be reached, the authorities will be contacted.)**

### Medical/Hospital Transportation Permission: (Required)

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible.

Family Health Plan Carrier: \_\_\_\_\_  
Health Plan Number: \_\_\_\_\_  
Group # (if applicable) \_\_\_\_\_

### REGISTRATION PHONE CONFIRMATION: (Optional) call 623-3972 prior to the lock-in to confirm your child's participation in the event. This is a check point for parents.

While a majority of our youth will bring home a permission slip and return it to the center signed, there are some youth who will abuse this great opportunity by having a permission slip signed with no intention of turning it in and then going to an alternative place for New Year's while the parents/guardians believe they are at Cornerstone. To ensure that all youth who have had a permission slip completed actually attend the lock-in, we are offering this optional phone confirmation as a check point for parents. **Prior to the actual lock-in, please call Cornerstone at 260-623-3972 and confirm your child has turned in their permission slip.** This way, if your child has filled out this permission slip, you have signed it, and your child never turned it in or showed up for the event, we can contact you to let you know your child is not at the lock-in. In the event the above scenario does happen, the Cornerstone Youth Center and the Southeast Youth Council, Inc. are not responsible for your child's where-a-bouts or any consequences that they may have been encountered while they were suppose to be at the New Years Eve Lock-In.

In consideration of my child being allowed to participate in this New Years Eve Lock-In, on behalf of my child, my spouse, myself and my child's estate, I hereby recognize that such an event may expose my child to activities and other circumstances not ordinarily seen during regular youth center operation. Furthermore, I release the above named Cornerstone Youth Center and the Southeast Youth Council, Inc., from any and all claims, judgments, liability for any injury, whether personal or property, that my child, his/her estate and my spouse now has, ever had or may have due to my child's participation in this event that are attributable to the fault of parties other than the Cornerstone Youth Center/The Southeast Youth Council, Inc; or, to the extent permitted by law, attributable to the fault of the Cornerstone Youth Center/The Southeast Youth Council, Inc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINTED Parent/Guardian Name: \_\_\_\_\_

**Don't forget your non-perishable food or hygiene items, collected for local food banks.**