

2017 Summer Lock-In Event

June 9-10, 2017 | John S. Knight Center | Holy Trinity Lutheran Church in Akron, OH



Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Grade: _____

Email: _____

Congregation: _____ City: _____

If before May 15th, I have enclosed the \$40 fee in the form of cash or check (made out to **NEOS LYO**)

If after May 15th, I have enclosed the \$60 fee.

PARTICIPANTS:

By registering for this event I will abide by the rules of the event, involve myself in all activities, respect the person and property of others, and abstain from the use of illegal substances and cigarettes.

Name of Participant: _____

Signature: _____ Date: _____

PARENTS AND GUARDIANS:

As the parent or legal guardian of _____ (participant's name), I grant permission for him/her to attend and participate in the 2017 LYO Summer Lock-In Event on June 9-10, 2017 in Akron, OH.

Signature: _____ Date: _____

EMERGENCY MEDICAL RELEASE FOR TREATMENT OF A MINOR UNDER 18 YEARS OF AGE:

I request and authorize medical personnel, agents, and employees to provide all necessary medical care advisable for the health of my child.

Name of Parent or Guardian: _____

Signature: _____ Date: _____

Insurance Company: _____ Policy Number: _____

Known Allergies: _____

PHOTO RELEASE

I hereby grant the NEOS LYO permission to take, post, and share photographs of me for the purpose of promoting the NEOS Summer Lock-In Event and the Lutheran Youth Organization. I hereby release and discharge the NEOS LYO from all claims arising from the use of the photographs.

Signature of Parent or Guardian: _____ Date: _____

Please send registration forms and payment (non-refundable deposit fee) to:

Mary Ann Sima
32165 Burlwood Drive
Solon, OH 44139

If you have any questions, contact Dana Kulma at danakulma@gmail.com or (440) 799-9800.