



**FRIDAY, APRIL 22<sup>nd</sup> 7pm to  
SATURDAY, APRIL 23<sup>rd</sup> 8am**

**At First Presbyterian Church  
31 E Vine St, Stockton, CA 95202**

**Don't Miss This **EXCITING**  
Stockton Presbytery Youth Event**

Get ready for an overnight experience of fun, food, friends, and faith! We'll spend the night playing games (including Xtreme hide-and-seek), watching movies, munching on snacks, making new friends, and growing together in faith.

**This event is for 6<sup>th</sup> through 12<sup>th</sup> graders only.**

Chaperones are required: 1 chaperone for every 5 youth. (Please let me know if you have any chaperone issues.)

There is no charge for the event, but attendees are asked to bring a snack to share.

**Return the completed registration forms by April 11<sup>th</sup> to:**

**Sandy Mahurin  
Grace Presbyterian Church  
10 N. Mills Ave.  
Lodi, CA 95242**

Questions? Want to be added to the list for information about future Stockton Presbytery Youth Events? Provide your contact information to Sandy Mahurin at (209) 570-1135 (text or call) or email [jsjimahurin@comcast.net](mailto:jsjimahurin@comcast.net).

**STOCKTON PRESBYTERY YOUTH LOCK-IN  
ADULT CHAPERONE SIGN-UP FORM**

This form should accompany youth registration forms.

Church Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Name of Adult Chaperones (1 per 5 youth):

\_\_\_\_\_ Gender:  Male  Female

\_\_\_\_\_ Gender:  Male  Female

\_\_\_\_\_ Gender:  Male  Female

Number of Youth Attending Event From Your Church:

Number of Females: \_\_\_\_\_ Number of Males: \_\_\_\_\_

Return Chaperone Sign-Up Form with Youth Registration Forms By April 11<sup>th</sup> to:

**Sandy Mahurin  
Grace Presbyterian Church  
10 N. Mills Ave.  
Lodi, CA 95242**

Contact Sandy Mahurin with any questions:

**209-570-1135 (call or text)  
jsjimahurin@comcast.net**

**STOCKTON PRESBYTERY YOUTH LOCK-IN  
YOUTH REGISTRATION FORM**

**CONSENT AND AUTHORIZATION OF A MINOR CHILD**

I, \_\_\_\_\_, the parent or legal guardian of the below-named minor, hereby consent to have my child:

**Name:** \_\_\_\_\_ **Gender:**  Male  Female **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_

participate in the All Night Lock-In to be held at First Presbyterian Church, 31 E Vine St, Stockton, CA 95202 on 4/22/16 – 4/23/16. He/She has my permission to participate fully in all of the activities.

**I give my child permission to watch movies at that are rated: (Initial all that apply) PG \_\_\_\_\_ PG13 \_\_\_\_\_**

**I give my permission to have my child’s picture taken for this event and used for publicity. The photo will be used as part of our ministries, and may be published in various church or Stockton Presbytery publications, posted on church bulletin boards, and/or posted on church or Stockton Presbytery websites and/or other social media sites. All pictures will be used strictly to show the activities of our ministries and no child’s name will be listed. INITIAL HERE: YES: \_\_\_\_\_ NO: \_\_\_\_\_**

I agree that in the event my child is injured as a result of his/her participation in the above-named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law.

I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

\_\_\_\_\_  
**Signature of Parent or Guardian** \_\_\_\_\_  
**Date**

**PARENT(S)/ GUARDIAN(S)**  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Best Phone #s: \_\_\_\_\_

**CONTACT PERSON (OTHER THAN PARENT/GUARDIAN)**  
Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #s: \_\_\_\_\_

**MEDICAL INFORMATION**  
Primary Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

# STOCKTON PRESBYTERY YOUTH LOCK-IN

APRIL 22 – APRIL 23

## WHAT TO BRING

- Snack to share
- Sleeping Bag or Blanket
- Pillow
- Air mattress and pump
- Church-Appropriate Pajamas
- Tennis Shoes/Sneakers
- Toiletries
- Movies/Music
- Games
- A willingness to have fun!