

2009

# WyldLife Lock-in



DEC  
4th

WyldLife Club \* Moonwalk\* Pool Party\* Pizza\*

Join us on Friday, December 4th for the 2009 WyldLife Lock-in. We will be joining more than 100 junior high students from Toledo, Wood County and SE Michigan for an awesome night including WyldLife Club, optional swimming, pizza, a moonwalk, dodge ball, games, and a few more surprises!

# \$15

Cost includes: Pizza, pop, Moonwalk, YMCA access, games, and more!

10:00pm **WyldLife Lock-in @ Francis Family YMCA**  
(2000 W. Dean Rd., Temperance, MI 48182)

6:00am **Pick-up Students from Francis Family YMCA**

**Register early by mailing this form and payment to**  
Young Life- P.O. Box 284, Bowling Green, OH 43402.

**For more information:** Dustin Schmidt (419) 340-0120, dutchschmidt@gmail.com

### 2009 WyldLife Lock-in Registration

In the event that your child becomes ill or is injured during the following Young Life activity, 2009 WyldLife Lock-in, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of Young Life's role in the medical care of your child. *In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life, I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Young Life from liability in acting on my behalf in this regard. Also, I hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.*

(Please print)

Name of child \_\_\_\_\_ Name of Parent(s) or Guardian \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Parent Email \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

If parents are not available, please call relative listed below:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reaction, etc., which may be needed in any treatment:

All injury claims that are less than \$250 are covered by Young Life. Any claim exceeding \$250 will be coordinated with your personal insurance entirely. At that point, Young Life will become the secondary carrier and will supplement your coverage. The maximum amount of coverage available from Young Life is \$4,000.

Parent or Guardian's Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Payment Enclosed: \$15

Make checks payable to **Young Life**. Payments are non-refundable.