

PRECIOUS BLOOD YOUTH GROUP



Lenten Lock –In
March 26th 2010

THIS FORM MUST BE SIGNED AND RETURNED IN ORDER TO PARTICIPATE

Please return to the Rectory or to Kelly Bennett.

If you have any question please call Kelly @ 1 540 987 3153

Participant's Name: _____

Address: _____

Telephone: _____

I, _____, the parent/guardian of _____, allow my child to participate with Precious Blood Youth Group in a Lenten Lock-In to be help at Precious Blood Parish March 26, 2010. We will begin promptly after the Living Stations on Friday night. We will conclude with the 8:30 am Mass on Saturday morning. I understand that I or another responsible adult must sign them in and sign them out of this activity. In the case of emergency, I give permission for Precious Blood Church chaperones to seek medical care for my child including, if necessary, emergency room treatment.

Parent/Guardian Signature: _____ **Date:** _____

I Can Help: Chaperone Provide Food

Allergies: _____

Emergency Contact: _____ **Relationship** _____

Physician's Name _____

And Phone #: _____

Insurance Co. _____

And Policy #: _____ **Phone:** _____

Other Information we might need to know:

