

Adult leaders are needed to make this event run smoothly!

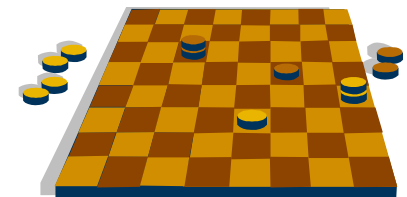
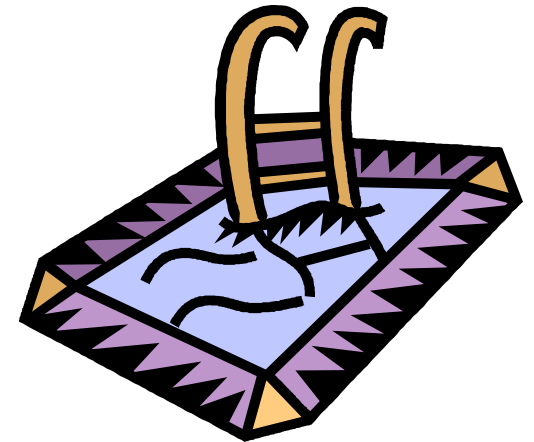
- I would like to chaperone the whole event.
- I would like to chaperone for part of the event.
- I will keep the group in my prayers.

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Signature

If you have any questions please contact  
your parish youth minister:

# Middle School Lock-In Saturday, November 20 Stoney Point YMCA



*This event is brought to you by CRAYM®,  
where youth ministers unite to serve God and youth!*

# Middle School Lock-In

Saturday, November 20th at 6:30pm

Stoney Point YMCA



Doors open at 6:30pm.

(Please do not arrive early)

The lock-in ends at 11:30 pm.

(Please have your ride waiting for you)

You must register by November 17th

**Cost is \$10 - NO Refunds!**

Please make checks payable to:  
Archdiocesan Deposit and Loan

**Items to bring:** swimsuit, girls a snack to share and boys a beverage to share, towel, and a change of clothes.

### NEED DIRECTIONS?

Stoney Point YMCA  
300 Stoney Point RD SW  
Cedar Rapids, IA

RETURN FORMS BY NOV. 17th

From HWY 30 W  
Take the Williams BLVD exit  
Turn R Williams  
Turn L on Wiley  
Turn L on 16th  
Turn R onto Stoney Point  
Building on L

St. Jude Parish  
Erin Hughes  
50 Edgewood Rd NW  
Cedar Rapids, IA 52405

## Cedar Rapids Area Middle School Lock-In Permission Form

Date: November 20, 2010 Person in Charge: CRAYM  
Grades: 6th-8th Cost of the Event: \$10

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Parish \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_  
(name of student/participant)

to attend this event. Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

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

Contact Phone number(s) \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

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

**Section 3** - Please list (continue on reverse side if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Supervisor's Signature Erin M Hughes  
(Principal, C/DRE, Youth Director, Pastor, etc.)

*This is the only permission slip that will be accepted for this event*