



GETHSEMANE YOUTH LOCK-IN REGISTRATION

The Youth Auxiliary of the Gethsemane Baptist Association will host its Youth All In, Youth Lock-In for youth in K-4th Grade. *This Lock-In is for the children in your youth ministry that will not be attending the Youth Retreat.*

- **Who:** Gethsemane Youth K-4th Grade
- **What:** Gethsemane Youth All In, Youth Lock In
- **When:** 7pm, Friday, July 27 – 1pm, Saturday, July 28, 2018
- **Where:** Ridgewood Missionary Baptist Church
Levi C. Chavous Conference Center
5335 Ridgeway Street
Columbia, SC 29203
- **Why:** To unite children from all the Gethsemane Churches and have a fun filled night of fellowship.
- **Cost:** \$20 per child, \$10 per volunteering adult

We will start the night with registration and a puppet show and will continue the fun with games, crafts, dancing, show and tell, ice cream, and slime late into the night. Registration forms and fees are due no later than **June 12, 2018**! Be advised that Registration is limited, and will be provided for the first 200 youth who register and pay their registration fee of \$20.00.

Churches with participating youth must have 2 volunteers per 10 youth registered. Volunteers are expected to pay \$10.00 for registration.

Make sure your youth brings toiletry items, sleeping bag and/or pillow and blanket if they'll be sleeping, a change of clothes for Saturday, and an old t-shirt if your child will be painting.

Please contact the following people for information:

Rickell Kelly, Round Top Baptist Church, (803) 250-8944

Rev. Ricki L. Blakeney, Ridgewood Missionary Baptist Church, (803) 397-6647



Please turn application in by June 12, 2018

(Gethsemane Youth Auxiliary P.O. Box 1932, Columbia, SC 29202)

Gethsemane Youth Auxiliary Lock In Registration Form

I, _____, give permission to my child, _____, to attend the Gethsemane Youth Auxiliary Lock in at Ridgewood Missionary Baptist Church's Levi C. Chavous Conference Center, 5335 Ridgeway Street Columbia, SC 29203 on July 27th-July 28th 2018. We attend _____ Church and our Youth Advisor is _____.

Date of Birth: (note: this event is for youth K-4th grade)

_____-_____-_____

Sex: (Circle one)

MALE

or

FEMALE

Participating Youth: _____

Parent/Guardian: _____

T-Shirt Size: _____

Email: _____

Phone Number: _____

Church: _____

Youth Advisor: _____

Relevant Allergies/Medical Conditions (if any): _____

I am registering my child for the following craft: (choose only one)

- ☐ Bows and Bowtie creation
- ☐ Paint & Sip Canvas Painting –Jonah and the Whale
- ☐ Paint & Sip Canvas Painting - Ladybug
- ☐ Jewelry making

Parent initials _____

I am registering my child for the show and tell: (please read and initial)

- ☐ I am registering my child for the show and tell portion. They will not bring anything priceless or easily breakable. I understand that Gethsemane Youth Auxiliary is not responsible for any damages to their show and tell item.

Parent initials _____

My child: (please circle yes or no)

- Y / N is a picky eater.
- Y / N is probably going to fall asleep before the night is over.
- Y / N is probably going to stay up all night.
- Y / N may get homesick and can ask an adult if he/she can call me.
- Y / N has never spent a night away from home.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____ **Date:** _____



(Permission to Attend)

Wavier of Liability

(READ CAREFULLY BEFORE SIGNING)

In consideration of acceptance of letter of waiver of liability, I, for myself and/or dependent/s fully and forever waive and release any and all rights and claims for any injuries and damages, including but not limited to demands or actions for negligence, premises liability, emotional injury, intentional conduct, resulting in unintended injury or damage tort claims, any other actions or demands of whatsoever nature, to the fullest extent permitted by law, I may have against The Gethsemane Youth Auxiliary, Gethsemane Missionary Baptist Association, pastors, officers, employees, members, or any representative acting for or on behalf of the Association.

I acknowledge that I am aware of the inherent risks involved in attending these events, and I voluntarily assume these risks and liabilities.

Name of Event or Function: **"All Youth In" - Gethsemane Youth All In, Youth Lock In**

Date for the Event or Function: **7pm, Friday, July 27 – 1pm, Saturday, July 28, 2018**

Person/s attending event or function:

As a condition of my participation in this Event or Function, I hereby grant the Association a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information (collectively, "Likeness"), in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the Event or Function. The foregoing grant, however, does not constitute consent to use my Likeness in an endorsement of any product or services without my specific written consent.

EMERGENCY CONTACT: NAME AND TELEPHONE NUMBER:

I am at least 18-years of age and have read and understood the above:

Youth Signature _____ Date _____

I am under 18-years of age. My parent or legal guardian has read and understood the above and is signing below. He/She consents to my participation in the event under the terms hereof.

Parent/Guardian Signature _____ Date _____



Gethsemane Youth Auxiliary Health Form

Form must be completed in its entirety and signed by a parent/guardian in order for youth to attend and participate in Gethsemane Youth Auxiliary led events

Youth Name:		
Date of Birth:	Sex: M _____ F _____	
Parent/Guardian Name:	Home Phone:	Cell Phone:
Emergency Contact Information:		
1st Contact Person Name:	Relationship:	Phone:
2nd Contact Person Name:	Relationship:	Phone:
Allergies (Please list): _____		
*Note: Please bring all medication in original bottle/packaging		
List current medication(s) and dosages: Any condition requiring special attention:		
Doctor's Name: _____ Phone Number: _____		
Health Insurance Company: _____ Policy #: _____		