

Annual Middle School Lock-In
October 21-22, 2022
University of Northern Iowa, Wellness/Recreation Center

Greetings!

We are excited you're signing up to attend the Annual Lock-In, sponsored by ThreeHouse Collaborative Campus Ministries-formerly the Lutheran Student Center. Please look over the registration form carefully and email me at robin@threehouse.org if you have any questions.

Both the registration form and the liability waiver must be completely filled out and signed.

This ensures that we are able to maintain safe practices and comply with the UNI Wellness/Recreation Center rules and guidelines.

Completed forms can be scanned and emailed to robin@threehouse.org, or mailed to:

ThreeHouse Collaborative Campus Ministries
Attn: Robin Kime
2422 College St.
Cedar Falls, IA 50613

Registration fees should be sent to your church youth leader or pastor. They will then submit one check for the entire group. Churches will need to provide their own chaperones for their youth groups, one adult per seven youth.

Students/Chaperones will be expected to follow university guidelines relating to COVID-19. In the event of an outbreak and the lock-in is cancelled, every effort will be made to reschedule or reimburse registration fees.

Please let me know if you have any questions. More information will be sent as the date gets closer. We look forward to seeing you October 21st!

Robin Kime

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Registration Form:

Registration Fee: \$45 per Youth registered by October 1st. After October 1st the fee is \$60.
Registrations will **NOT** be accepted after October 14th (adults free).**

Please make checks out to your church for the registration fee

Participant Information:

Name _____ Date of Birth _____
Grade in School _____ Gender _____
Home Address _____ City _____ Zip Code _____
Phone Number _____
Name of Parent/Guardian _____ Their Phone Number _____
T-Shirt Size (Student Only) _____ Congregation _____

Dietary Restrictions? Please List _____

Chaperone Name _____

Please check here if you are coming as an adult chaperone _____

Permission for Treatments:

The information requested below is required by emergency room staff to be used in case of medical emergencies only. If you cannot provide this information, emergency medical attention may be delayed or even denied by medical staff.

Name of Doctor _____ Dr. Phone Number _____
Medical Insurance Co. _____
Policy Number _____

Emergency Contact:

Name _____ Relationship to Participant _____
Phone Number _____

Please list all allergies, special medical concerns, or needs of participant:

Please list all medications participant is currently using:

Parent/Guardian Consent:

My child has permission to participate in all lock-in activities. In case of my absence or unavailability in the time or a medical emergency, you are hereby authorized to perform or arrange for whatever treatment you may consider necessary for my minor. I give the Northeastern Iowa Synod and The Lutheran Campus Ministry of the Evangelical Lutheran Church in America permission to use photos of my child for church publications.

Parent/Guardian Signature _____

**Forms postmarked after October 14th are not guaranteed a t-shirt.

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