



WINTERBLAST Lock-In

What is Winterblast?

Winterblast is an opportunity for Middle School teens to enjoy an all night lock-in at the Maple Grove Community Center, meeting and getting to know other youth from across the Archdiocese. Middle School teens will have several fun activities and stations to rotate throughout the night as they wish. In addition, Middle School youth will deepen their faith.

Activities Include:

- Large Inflatable Games
- Ice Skating
- Swimming Pool
- Indoor Playground
- Pizza and Pop
- Movies
- Hair Salon
- Crafts
- Praise and Worship
- Prayer and Adoration
- Mass



**December 11, 7:30 p.m. -
December 12, 5:30 a.m.**

Cost: \$35

Questions? Contact Troy Bauer: tbauer@ststephenchurch.org

OR Chantell Haider: chaider@ststephenchurch.org



WINTERBLAST LOCK-IN

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT

Participant Name: _____

Home Address: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (14-15): ___ Email: _____

Parent/Guardian#1: _____ Parent/Guardian#2: _____

Home Phone: _____ Work/Cell Phone : _____

Home Phone: _____ Work/Cell Phone : _____

Date of Event/Field Trip: **Friday, December 11-12, 2015**

Destination: **Church of St. Vincent de Paul Catholic Church and Maple Grove Community Center**

Individual(s)/Teacher(s) in Charge: **TROY BAUER**

Time of Departure: **Friday December 11th @ 7:00pm** Estimated Time of Return: **Saturday, December 12th @ 6:00 am**

Mode of Transportation To & From Event: School Bus

Cost for event: **\$35**

WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERONE!

_____ T-shirt size for chaperone: _____
Chaperone Name/Number

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the **St. Stephen's Catholic Church, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** from any claims or law suits brought against the **St. Stephen's, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the **St. Stephen's, all Churches participating, and the Archdiocese** in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of **St. Stephen's and all Churches participating.**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

_____ Emergency Phone Number
Name/Relation

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____