

**2017 Lock-in-Retreat  
Registration Form  
March 18 and 19**

**Saint Anne's Ukrainian Catholic Church  
4310 Kirk Road  
Austintown, OH 44515**

**Please complete a registration form for every family**

**Your Parish:** \_\_\_\_\_

	<b>Age</b>	<b>T-shirt Size (circle one)</b>	<b>Sleeping Over?</b>	<b>Medications to be taken?</b>
<b>Child:</b> _____	_____	S, M, L, XL, XXL	Yes or No	Yes or No
<b>Child:</b> _____	_____	S, M, L, XL, XXL	Yes or No	Yes or No
<b>Child:</b> _____	_____	S, M, L, XL, XXL	Yes or No	Yes or No

	<b>Age</b>	<b>T-shirt Size (circle one)</b>	<b>Sleeping Over?</b>	<b>Youth Certified?</b>
<b>Adult:</b> _____	_____	S, M, L, XL, XXL	Yes or No	Yes or No
<b>Adult:</b> _____	_____	S, M, L, XL, XXL	Yes or No	Yes or No

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**In case of Emergency contact** \_\_\_\_\_ at \_\_\_\_\_  
(name)(phone)

Are there any medical or other issues that the Nurse or leaders need to be aware of?

\*Note; Only adults that are "Youth Certified" may stay in the building with children. All other adults will stay in the adult only accommodations.

If you have any questions you can contact Deacon Myron Spak ([mjspak@verizon.net](mailto:mjspak@verizon.net)) & (412) 303-9086

# EMERGENCY MEDICAL AUTHORIZATION

**Attendee:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

The purpose – To enable parents/guardians to authorize treatment for children who become ill/injured during an activity, when parents/guardians cannot be reached.

Residential Parent/Guardian:

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of relatives or childcare providers: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of relatives or childcare providers: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

Please list any immunization received in the last year along with full dates: \_\_\_\_\_

In the morning, if your child has a fever, pain or rash, or an eye that is red with drainage, PLEASE DO NOT send him/her. These conditions should be checked by your doctor

**Part I: TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted are: \_\_\_\_\_

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



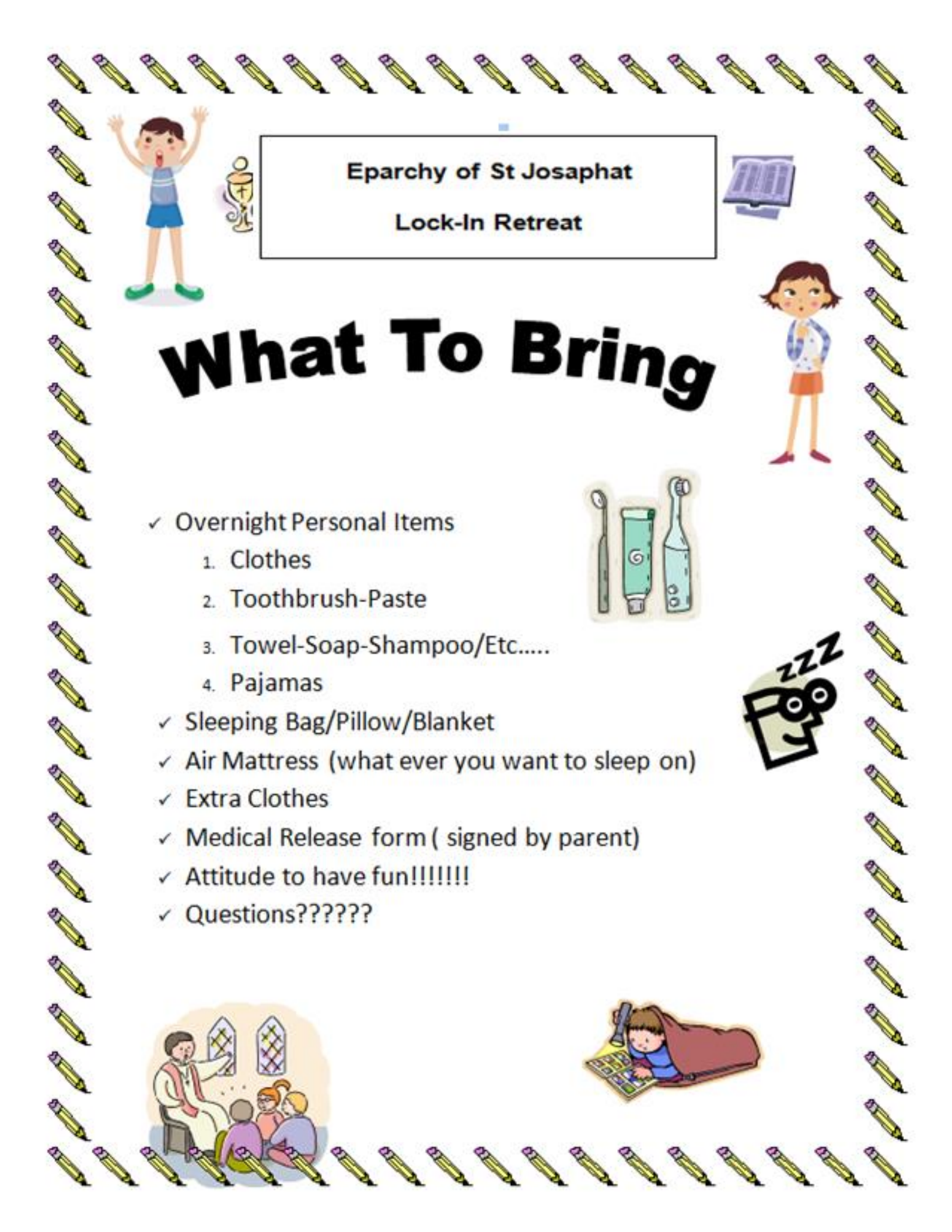
Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part II: REFUSAL TO CONSENT**

**I DO NOT** give consent for emergency medical treatment of my child. In the event of illness/injury requiring medical treatment, I wish the event authorities to take the following action: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_



Eparchy of St Josaphat

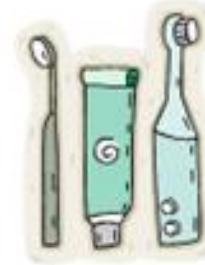
Lock-In Retreat


# What To Bring



✓ Overnight Personal Items

1. Clothes
2. Toothbrush-Paste
3. Towel-Soap-Shampoo/Etc.....
4. Pajamas



- ✓ Sleeping Bag/Pillow/Blanket
  - ✓ Air Mattress (what ever you want to sleep on)
  - ✓ Extra Clothes
  - ✓ Medical Release form ( signed by parent)
  - ✓ Attitude to have fun!!!!!!!
  - ✓ Questions???????
- 



## DIRECTIONS TO:

**Saint Anne's Ukrainian Catholic Church  
4310 Kirk Road  
Austintown, OH 44515**

### From Cleveland (1 hour and 20 minutes)

1. Take exit **42** to merge onto **I-80 E** toward **Youngstown**
2. Take exit **218** for **I-80 E**
3. Keep left at the fork, follow signs for **Mahoning Ave/OH-18** and merge onto **I-80 E**
4. Take exit **223** for **OH-46** toward **Niles**
5. Turn right at **OH-46 S/N Canfield Niles Rd**
6. Turn left at **New Rd**
7. Turn right at **S Raccoon Rd**

### From Pittsburgh Airport (1 hour and 25 minutes)

1. Take exit **33** for **I-76** toward **Turnpike/PA-351/Ohio/Harrisburg**.
2. Turn right
3. Keep right at the fork, follow signs for **I-76 W/Ohio** and merge onto **I-76 W**
4. Take exit **234** to merge onto **I-680 N**
5. Take exit **7** for **South Ave** toward **OH-7 S/US-62 W/Downtown**
6. Turn left at **South Ave**
7. Turn right at **E Indianola Ave**
8. Turn left at **Glenwood Ave**
9. Take the 2nd right onto **Canfield Rd**
10. Turn right at **Meridian Rd**
11. Turn left at **Kirk Rd**
12. Turn right at **S Raccoon Rd**