

Made Awey

WABASH CONFERENCE
CHILDREN'S LOCK-IN



18th Annual Wabash Conference Children's Lock-In



WHEN: Friday, April 8th - Saturday, April 9th, 2022

TIME: 7:00pm – 3:00pm

WHO: 3rd - 5th Graders & Chaperones

(If your children's ministry includes 6th grade they are welcome to attend)

WHERE: Wabash Park Camp & Retreat Center

WHAT: "Made New" 2 Corinthians 5:17

COST: \$40 per child & \$20 per Chaperones

What to expect:

- Engaging Lessons
- Wonderful Worship
- Free T-Shirt
- Games
- Great Food
- Friday Night "Extreme" Snack Bar
- Did we say FUN?

****Registration is due by March 16th, 2022 to guarantee a shirt. Any registrations after that point will not be guaranteed an event shirt.****

18th Annual Wabash Conference Children's Lock-In Schedule

Friday – April 8, 2022

- 7:00 pm Registration
- 7:20 pm Welcome, prayer, and event overview
- 7:30 pm Ice Breaker Game
- 7:45 pm Worship – Avon Light & Life Youth Worship Team
- 8:00 pm “Made New” Session 1
- 8:30 pm Small Group
- 8:40 pm “Extreme” Snack Bar
(Pretzels & Cheese, Nachos & Cheese, Pizza Rolls, Granola Bars, Chips, Lemonade, & Water)
- 9:10 pm Recreation
- 9:40 pm Free Time
- 10:00 pm Prepare for Bed
- 10:30 pm Movie

Saturday – April 9, 2022

- 8:00 am Wake Up
- 8:30 am Breakfast & Pack Up
(Pancakes, Sausage, Cereal, Fruit, Milk & Orange Juice)
- 9:30 am Worship - Avon Light & Life Youth Worship Team
- 9:45 am “Made New” Session 2
- 10:15 am Small Group
- 10:20 am Recreation/ Craft
- 10:50 am Break
- 11:00 am “Made New” Session 3
- 11:30 am Small Group
- 11:40 am Free Time & Prep for Lunch
- 12:00 pm Lunch
(Spaghetti, Salad, Garlic Bread, Corn, Lemonade, & Water)
- 12:30 pm Recreation/ Craft
- 1:00 pm Free Time (at the playground)
- 1:30 pm REMIX LIVE
- 2:30 pm Worship in Song - Avon Light & Life Youth Worship Team
- 2:45 pm Wrap Up
- 3:00 pm Depart of Home

18th Annual Wabash Conference Children's Lock-In

April 8th & 9th, 2022 | Cost: \$40 | Kids in Grade 3rd-5th

Registration Form & Medical Information

Name _____ FMC Church _____
Name of Parent or Legal Guardian _____
Address _____ City _____ Zip _____
Cell Phone (____) _____ Cell Phone (____) _____ Child's Grade _____
Shirt Size - ___ Youth Small ___ Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium ___ Adult Large
___ Adult XL ___ Adult 2XL

Medical Information – (To be completed by Parent or Legal Guardian)

Child's date of birth ___/___/___ Gender (Circle One) - Male or Female

Family Doctor _____ Dr's business phone _____

Does your child have any chronic or existing diseases or medical problems? (ex: diabetes, epilepsy)

If "yes" please explain _____

Does your child require regular medication? _____ If yes please explain. _____

Is your child allergic to any foods or medicines? _____ If yes please explain. _____

Who are you insured through? (ex. Employer) _____

Your health insurance company _____

Insurance company's claims address _____

Member's name _____ Identification # _____

Benefit Code _____ Account # _____

Expiration Date _____

The date of your child's last tetanus shot was _____

Medical and Liability Release

(Please read carefully and print appropriate answers in blanks) This must be signed and dated by parent/guardian)

I, _____ the legal custodial parent or guardian of, _____ who desires to voluntarily participate in the (Wabash Lock-In), assume all responsibility for any accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death, with respect to my child, and I hereby waive my right and child's right to any claim, cause of action, and/or the right to file a lawsuit, and further release the Light and Life Free Methodist Church, the Wabash Conference of the Free Methodist Church, the Free Methodist Church of North America, and the directors, officers, sponsors, employees, agents, and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my child's property or person, including personal injury and/ or death sustained on (Wabash Lock-In) described above.

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named child and shall insure to the benefit of the organizations named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns. I have carefully read this Waiver & Release of Liability & Permission for Treatment and by my signature, I am stating that I understand, and accept all of its provisions, and understand that I am giving away substantial legal rights for both my child and myself and have the appropriate authority to execute this Waiver & Release. I also give permission to the Director of Children's Ministries and/ or volunteer sponsor of the (Wabash Lock-In) to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I further give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child named above.

Parent/Guardian's Signature: _____ Date: _____

Group Registration Form

Best place to register is at <https://www.wabashconference.org/?subpages/Children.shtml>

Church Information

Church Name: _____ Church Phone: _____

Church Address: _____ State: _____ Zip: _____

Youth Pastor/Leader: _____ Leader's Email: _____

Leader's Phone Number: _____

Registration Numbers

_____ Youth Participants @ \$40 = _____

_____ Adult Participants @ \$20 = _____

Total Participants: _____

Total Fees: _____

Shirt Numbers:

Youth Sizes:

Smalls _____ Mediums _____ Larges _____

Adult Sizes:

Smalls _____ Mediums _____ Larges _____
X Large _____ 2XL

Registration Details

If unable to register online @ <https://www.wabashconference.org/?subpages/Children.shtml> , Send this form and payment to:

Bedford Free Methodist Church
C/O Stacy Bare
630 R Street
Bedford, IN 47421

This form & payment must be received electronically or by mail by **March 16, 2022** to ensure your group **FREE T-Shirt!**

CHECK-IN AT THE EVENT

When you arrive, please park in the west gravel parking lot by the Heritage Lodge. Upon arrival, head to the Pavilion for check-in. **REGISTRATION WILL BEGIN AT 7PM.** Please send one adult representative from your church to the check-in table upon entering. Please have a copy of each of your child's **REGISTRATION/MEDICAL FORM** as well as all payment for each child and adult chaperons (if you have not already paid online). From there if any of your children has medication that will need to be administered during the event you will need to see the nurse table and give instructions and medication to the nurse.

Group Registration Form

Church Information

Church Name: _____ Church Phone: _____

Church Address: _____ State: _____ ZIP: _____

Youth Pastor/Leader: _____ Email: _____

Participants Names	Male or Female (Circle One)	Child or Adult (Circle One)	T-Shirt Size
1. _____	Male or Female	Child or Adult	_____
2. _____	Male or Female	Child or Adult	_____
3. _____	Male or Female	Child or Adult	_____
4. _____	Male or Female	Child or Adult	_____
5. _____	Male or Female	Child or Adult	_____
6. _____	Male or Female	Child or Adult	_____
7. _____	Male or Female	Child or Adult	_____
8. _____	Male or Female	Child or Adult	_____
9. _____	Male or Female	Child or Adult	_____
10. _____	Male or Female	Child or Adult	_____
11. _____	Male or Female	Child or Adult	_____
12. _____	Male or Female	Child or Adult	_____
13. _____	Male or Female	Child or Adult	_____
14. _____	Male or Female	Child or Adult	_____
15. _____	Male or Female	Child or Adult	_____
16. _____	Male or Female	Child or Adult	_____
17. _____	Male or Female	Child or Adult	_____
18. _____	Male or Female	Child or Adult	_____
19. _____	Male or Female	Child or Adult	_____
20. _____	Male or Female	Child or Adult	_____