

**FIRST AFRIKAN CHURCH**  
5197 Salem Rd. Lithonia, GA 30038

FAC Youth Ministry

2018

# YOUTH LOCK-IN

Returning God To The Center

**Ages 11-17**

\$10 per child

\$5 each additional child within  
a family.

Waivers **MUST** be signed prior to  
youth entry.

No cell phones or electronics.

Bring pilliow, blanket/sleeping  
bag, toiletries, and change of clothes.

How Music Informs Our God-Centered Identity  
April 27th 7:30 pm to 28th 12:pm

Want more info? Email [FirstAfrikanYouth@gmail.com](mailto:FirstAfrikanYouth@gmail.com)  
or visit [firstafrikanchurch.org](http://firstafrikanchurch.org)



# FIRST AFRIKAN CHURCH

## FAC Behavior & Safety Agreement Form

I \_\_\_\_\_ **(Parent(s)/Guardian)** and  
 \_\_\_\_\_ **(Teen)**, acknowledge that First Afrikan Church is responsible for the Youth Lock-In, its contents, rules and regulations. We acknowledge that the Teen is solely responsible for his or her behavior while on the premises of First Afrikan Church for the **Youth Lock-In**.

First Afrikan Church is not liable for any injury or damages to any individual or the property of anyone who fails to comply with the articulated (written and/or verbal) rules and regulations for the **Youth Lock-In**.

I **(We)** agree to comply with all articulated (written and/or verbal) rules set for the **Youth Lock-In**.

I **(We)** waive the right to hold First Afrikan Church liable for the acts of any individual who participates in the Youth Lock-In and fails to comply with the rules and regulations set for the **Youth Lock-In**.

**Signature of Teen** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Parent(s)/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_



# FIRST AFRIKAN CHURCH

## FAC Parental Consent and Medical Authorization

Parents and legal guardians of children are asked to complete this form and return it to First Afrikan Church. The information requested is designed to assist the church in providing for the safety of children during church sponsored activities.

### General Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Parent's Work # \_\_\_\_\_

### **Consent and Certification:**

I, the undersigned being the parent of legal guardian of the child named above ("the child") do hereby consent to the participation of my child in the activities which may include retreats, ropes, courses, trips out of the Metropolitan Atlanta Area, pool parties, skating, and other activities that may be associated with youth groups specifically at First Afrikan Church of Lithonia, GA.

I do **Not** authorize my child to participate in any of the following activities:

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

**FAC Parental Consent and Medical Authorization**

**Medical**

\*Is your child presently being treated for any injury or sickness or taking any form of medication for any reason? Yes\_\_\_\_ No\_\_\_\_  
(If yes, please explain).

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\*Is your child allergic to any type of medication? Yes\_\_\_\_ No \_\_\_\_  
(If yes, please explain).

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\*Does your child require a special diet? Yes\_\_\_\_ No \_\_\_\_

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\*Does your child have (or has he/she ever had) any of the following: (Check and explain below)

\_\_\_\_ Seizure disorders \_\_\_\_ Asthma \_\_\_\_ Heart Murmur \_\_\_\_ Diabetes \_\_\_\_ Hay Fever  
\_\_\_\_ Kidney Disease

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**FAC Parental Consent and Medical Authorization**

\*Does your child have any other allergies other than medicinal? Yes\_\_\_\_\_ No\_\_\_\_\_ (If yes, please explain).

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\*Does your child ever sleep walk? \_\_\_\_\_

\*Does your child have any physical handicaps or illness that would prevent him/her from participating in normal rigorous activity?

Yes\_\_\_\_\_ No\_\_\_\_\_ (If yes, please explain).

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**Medical Treatment Authorization**

**I understand that I will be notified in case of a medical emergency involving my child. However, in the event that I cannot be reach, I authorize the calling of a doctor and the providing of necessary medical service in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.**

**I agree to notify the church in the event of any health changes that would restrict my child’s participation in any normal youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activities that they do not feel is within the physical capabilities of my child.**

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



# FIRST AFRIKAN CHURCH

## FAC Subject Matter Consent Form

I understand that there may be some sensitive topics discussed during the FAC Youth Lock-In April 27-28, 2018. In signing the line marked Sensitive Issues Consent below, I give permission for my child to be involved in such program events that discuss their values, discernment, critical thinking, and feelings associated with the theme “Returning God to the Center: How Music Informs Our God-Centered Identity.” Topics include creating personal affirmation, self-love versus self-hate, discussing and dismantling stereotypes, depression, and handling discrimination. I have the right to deny permission for my child to participate in such events at any time during the fiscal year by giving written notice.

Sensitive issues consent: \_\_\_\_\_

Date: \_\_\_\_\_

I do not give permission for my child \_\_\_\_\_ to be involved in such program events that discuss discretion, etiquette, and healthy parameters when using social media during the FAC Youth Lock-In April 27-28, 2018.

Decline Sensitive Issues Consent: \_\_\_\_\_

Date: \_\_\_\_\_