

# Raised Up

Galatians 3:26-27



Wabash Conference  
2024 Children's

# Lock-In

# 20th Annual Wabash Conference Children's Lock-In

WHEN: Friday, April 5th - Saturday, April 6th, 2024

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

THEME: "Raised Up" - Galatians 3: 26-27

COST: \$45 per child & \$25 per Chaperones

What to expect:

- Engaging Lessons
- Wonderful Worship
- Free T-Shirt
- Games
- Great Food
- Friday Movie Night
- Did we say FUN?

\*\*Registration is due by March 10th to guarantee a shirt. Any registrations after that point will not be guaranteed an event shirt.\*\*

# 20th Annual Wabash Conference Children's Lock-In Schedule

## Friday – April 5, 2024

- 7:00 pm Registration
- 7:05-7:45 Dinner / Free Time (Pizza, Breadsticks, Cookies)
- 7:45 pm Welcome, prayer, and event overview
- 8:00 pm Ice Breaker Game
- 8:30 pm Worship – Avon Light & Life Youth Worship Team
- 8:55 pm Session 1
- 9:30 pm Small Group
- 9:45 pm Recreation
- 10:00 pm Prepare for Bed
- 10:15 pm Snack (Popcorn, Drink)
- 10:30 pm Movie

## Saturday – April 6, 2024

- 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 Session 2
- 10:15 am Small Group
- 10:30 am Recreation/ Craft
- 11:00 am Worship in Song - Avon Light & Life Youth Worship Team
- 11:15 am Session 3
- 11:45 am Small Group
- 12:00 pm Lunch  
(Spaghetti, Salad, Garlic Bread, Corn, Brownies, Lemonade, & Water)
- 12:30 pm Recreation/ Craft
- 1:00 pm Free Time (at the playground)
- 1:30 pm REMIX LIVE
- 2:45 pm Wrap Up
- 3:00 pm Depart Home



# 20th Annual Wabash Conference Children's Lock-In

April 5th & 6th, 2024 | Cost: \$45 | 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 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

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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: \_\_\_\_\_

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## Registration Numbers

\_\_\_\_\_ Youth Participants @ \$45 = \_\_\_\_\_

\_\_\_\_\_ Adult Participants @ \$25 = \_\_\_\_\_

Total Participants: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Shirt Numbers:

*Youth Sizes:*

Smalls \_\_\_\_\_ Mediums \_\_\_\_\_ Larges \_\_\_\_\_

*Adult Sizes:*

Smalls \_\_\_\_\_ Mediums \_\_\_\_\_ Larges \_\_\_\_\_  
X Large \_\_\_\_\_ 2XL \_\_\_\_\_

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## Registration Details

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

The Well

C/O Stacy Bare

5600 Ward Road

Evansville, IN 47711

This form & payment must be received electronically or by mail by **March 10, 2024** to ensure your group **FREE T-Shirt!**

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## 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

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## 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	_____