



Welcome to

# HOLYWOOD

## **IGNITING THE FIRE 2012**

**The Premier Lock-in Event in Northwest Indiana  
is Coming to Holy Spirit Catholic Church!**

**Music, Entertainment, Mass,  
Adoration, Food & Much More!**

**March 3-4, 2012**

**Holy Spirit, 7667 East 109th Avenue, Crown Point, IN 46307-9182**

**ONLY \$15/per person if registered before Feb 18**

**Register online at**

**[www.facebook.com/ignitingthefire](http://www.facebook.com/ignitingthefire)**

**[ignitingthefire@gmail.com](mailto:ignitingthefire@gmail.com)**



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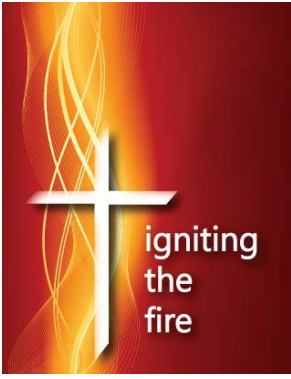
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# Registration Form

Please return all forms before February 18th to:

Holy Spirit Catholic Church

Attn: SPARK Youth Ministry

7667 East 109th Avenue

Crown Point, IN 46307-9182

## Registrant Information

Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Parish/Church \_\_\_\_\_

Grade \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

## Parent/Guardian Information

Parent or Guardian Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

*Price for registration is \$15/per person if forms are **received** before Feb18.*

*Family Discount: \$15 each for first two registrants and \$10 for each additional.*

Make Checks Payable to: Holy Spirit Church

# Diocese of Gary Activity Release Forms

## Participant Information

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Mother & Father (or legal guardians): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Activity Information (be specific):

Parish/Organization: \_\_\_\_\_

Activity/Place: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Adult Chaperone: \_\_\_\_\_

Chaperone's Day of Event Phone: \_\_\_\_\_

### Permission and Medical Treatment Waiver

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

\_\_\_\_\_ do hereby give my permission for him/her to attend the above activity and to be treated for a medical emergency in my absence while participating in the Youth Ministry program. The Youth Minister or Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Gary, the parish, its staff, or the adult chaperones responsible.

In case of emergency, if I am not available at the above address and phone, please contact:

Name: \_\_\_\_\_

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

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

Special Dietary Needs: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Parent Authorization and Waiver of Risk for Travel

I hereby give my consent for my daughter/son,

(name) \_\_\_\_\_

to participate in (event) \_\_\_\_\_

including traveling from and to

(location) \_\_\_\_\_

(S)he will be traveling by

(means of transportation) \_\_\_\_\_

I understand that neither the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, nor the staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.

### Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Parent or Legal Guardian*

## Payment and Indemnity Hold Harmless Agreement

I, (parent/guardian) \_\_\_\_\_, hereby agree to assume full responsibility for the payment of all debts

incurred by my child, (name) \_\_\_\_\_,

during his/her visit to (event) \_\_\_\_\_, and to reimburse the Diocese of Gary (and any other participating organizations) for any damages suffered by it due to my child's acts during the trip.

### Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration for the Diocese of Gary, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Gary, the Parish, and Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Gary, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

### Authorization for Medical Care

I authorize the Diocese of Gary (and any other participating organization) to procure, at my expense, any medical care reasonably required for my child during the trip.

In the event of an emergency, please notify (please provide name, address, and phone number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Payment and Indemnity Hold Harmless Agreement means that the undersigned will not file a lawsuit or make a claim on behalf of said child against any of the entities or individuals above and will pay the costs of defense or damage caused by a claim by or on behalf of the undersigned.

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Signature of Parent or Legal Guardian*