

**Military/DOD Youth Services- PERMISSION SLIP**

We / I the legal guardian or parent's of \_\_\_\_\_ age \_\_\_\_\_ give our / my permission for the above individual to participate in **Overnight Lock-In, Saturday March 27-Sunday March 28, 2010 from 7pm-7am**. They will be transported via government van or bus. I hereby acknowledge and hold harmless, the United States Government for any injury or accident that occurs to the above name individual while engaged in the above stated activity or in any transportation to or from the activity. I give my consent in the event of any suspected injury or illness occurring to the above named individual, he / she may be examined at any military medical facility. I further acknowledge that in case of injury my son / daughter may receive medical treatment other than in military facility for which we / I assume responsibility.

**FAMILY BRANCH OF SERVICE** \_\_\_\_\_

**COST: \$35 (includes food and all activities)**

**OTHER INFO**

**Drop off/Pick up Detroit Arsenal CDC-Bldg. 273**

**Bring bathing suit, socks, sneakers, gym clothes & \$ for snacks @ movies-optional**

\_\_\_\_\_  
PRINTED – Name of parent/legal guardian (Date)

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

\_\_\_\_\_  
SIGNATURE – Parent/Legal guardian (Date)

\_\_\_\_\_  
Emergency Phone Number/Name of Person

**Military/DOD Youth Services- PERMISSION SLIP**

We / I the legal guardian or parent's of \_\_\_\_\_ age \_\_\_\_\_ give our / my permission for the above individual to participate in **Overnight Lock-In, Saturday March 27-Sunday March 28, 2010 from 7pm-7am**. They will be transported via government van or bus. I hereby acknowledge and hold harmless, the United States Government for any injury or accident that occurs to the above name individual while engaged in the above stated activity or in any transportation to or from the activity. I give my consent in the event of any suspected injury or illness occurring to the above named individual, he / she may be examined at any military medical facility. I further acknowledge that in case of injury my son / daughter may receive medical treatment other than in military facility for which we / I assume responsibility.

**FAMILY BRANCH OF SERVICE** \_\_\_\_\_

**COST: \$35 (includes food and all activities)**

**OTHER INFO**

**Drop off/Pick up Detroit Arsenal CDC-Bldg. 273**

**Bring bathing suit, socks, sneakers, gym clothes & \$ for snacks @ movies-optional**

\_\_\_\_\_  
PRINTED – Name of parent/legal guardian (Date)

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

\_\_\_\_\_  
SIGNATURE – Parent/Legal guardian (Date)

\_\_\_\_\_  
Emergency Phone Number/Name of Person

U.S. Army Garrison Detroit Arsenal Child, Youth and School Services~ Middle School & Teen Program Presents:

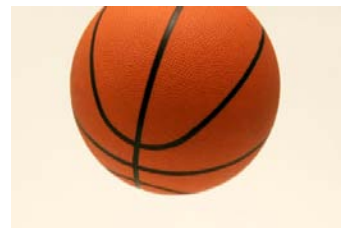
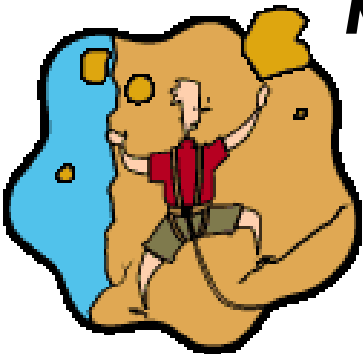
# *Spring MST Lock-in!*

**Saturday-Sunday  
March 27-28  
7pm-7am**

**Cost: \$35 (includes all food and activities)**

**Pick-Up and Drop-Off will be at Detroit Arsenal CDC-Bldg 273**

**Activities include: Teambuilding, Rock Climbing, Swimming, Basketball, Gym Games, Show our Support (SOS) Community Service Project, Movies, and lots of FOOD!**



For more information or to register please call Child, Youth & School Services (586)282-3010 or email [teresa.j.brotsky@us.army.mil](mailto:teresa.j.brotsky@us.army.mil)