

TEEN LOCK-IN 2010

AT THE “DOME”

WHEN:

Friday, March 12th @ 10:30PM - Saturday, March 13th – 6:00AM

WHERE:

”The Dome” Adirondack Sports Complex, 326 Sherman Ave. Queensbury

WHO:

Youth - Grades 7th-12th

COST:

\$20.00 per person

THE SOUNDS OF:

“Isaiah Six”

with Christian lead singer Derek Joseph

WITH MAIN SPEAKER: “LEE ROUSON”

NY GIANT SUPERBOWL CHAMPION XXI & XXV

AND OF COURSE ALL THRU THE NIGHT

Volleyball, soccer, football, dodge ball, ultimate frisbee & obstacle course

**Don't miss out on this unbelievable night
of events**

INVITE YOUR FRIENDS!!!!!!!!!!!!

*Each teen needs to have the Medical Release Form signed by their parents in order to participate.

*This is a “lock-in”. There will be no leaving unless your parents pick you up.

*The facility will have food & drinks available to purchase throughout the night.

Contact **Dave Parrish @ 361-3776** or visit our website www.sgchurch.com to

pre-register, or download the medical release form. You may also pay at the door with your signed release form.

SPONSORED BY:

THE FIRST BAPTIST CHURCH OF SOUTH GLENS FALLS

Dome Lock-In Medical Info/ Activity Release Form

First Baptist Church of South Glens Falls

1721 Route 9
So. Glens Falls, NY 12803
518-792-3024
Jeremy MacDougall, Pastor

GENERAL INFORMATION

NAME: _____

BIRTHDATE: _____ SCHOOL GRADE: _____

PARENTS/GUARDIANS: _____

HOME PHONE#: _____

WORK/CELL PHONE: _____

GROUP YOU CAME WITH _____

EMERGENCY CONTACT (if parents not reachable) _____

RELATIONSHIP TO STUDENT _____

PHONE#: _____

MEDICAL INFORMATION:

Please list any medical information that would need attention during this person's participation to any events with us or that would need attention in case of a medical treatment or emergency.

Any past or present health conditions? _____

Any food or drug allergies? _____

Any current medications? _____

Any other information? _____

INSURANCE COMPANY: _____

POLICY#: _____

Permission/Liability Release:

I hereby give permission for _____ to participate with First Baptist Church of So. Glens Falls in the "The Dome Lock-In " March 20-21, 2010. In the event of an emergency and I cannot be reached, I give permission for the participant to receive medical/surgical treatment which is determined by First Baptist Church and/or the medical/surgical treatment which is determined by First Baptist Church and/or the medical personnel of any health care facility to be necessary for his/her well-being. I assume all risk which may be involved in the participant's involvement in the activities of First Baptist Church. I hereby forever release First Baptist Church of So Glens Falls, its directors, employees, agents, and members from any liability, claims, or demands of any nature whatsoever which may be incurred while this person is participating in the activities of First Baptist Church of So. Glens Falls.

Signed: _____ Date: _____

(Parent/Guardian's Signature)