

# Explosion 2012

sponsored by the SE District of the Missouri Conference

**What:** All Night District Lock-In  
**When:** March 9-10 (Fri. night-Sat. morning)  
9:00 PM-6 AM (Registration @ 8:00 PM)  
**Where:** SEMO Student Rec Center, Cape Girardeau  
**Who:** Youth, grades 6-12

## The Lineup

- ✚ VOLLEYBALL, BASKETBALL, RACQUETBALL, SOCCER, DODGEBALL, and MORE
- ✚ PRAYER ROOM
- ✚ CLIMBING WALL
- ✚ PRAISE and WORSHIP CELEBRATION
- ✚ GAMES ROOM
- ✚ AQUATIC CENTER

And did we mention  
**FOOD?!**  
(ALL NIGHT LONG, BABY!)

## Registration

- **\$18** includes **EVERYTHING**—food (pizza, potato bar, sodas, snacks), **t-shirt**, **all-access to Rec Center** (including climbing wall and aquatic center!!), and **all activities**
- FORMS: (1) Health form  
(2) Liability waiver for the climbing wall

## Want to go???



Complete the registration form below and return it to your youth leader with \$18 (checks made payable to the church) **by February 19!**

-----detach here-----

## Explosion 2012 Registration

Name \_\_\_\_\_

Email \_\_\_\_\_ grade level \_\_\_\_\_

Address \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Parent/guardian phone number \_\_\_\_\_ Alternative # \_\_\_\_\_

**T-shirt size** (circle one—adult sizes)      S      M      L      XL      XXL      XXXL

# HEALTH RELEASE

Please Print

Name of youth \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security Number \_\_\_\_\_

Parent(s) name(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Cell phones \_\_\_\_\_

Alternate emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

## **Health Insurance information: Include a copy of the health insurance card**

Name of company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

## **Health History:**

Medical conditions we need to know: \_\_\_\_\_

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

Present Medications \_\_\_\_\_

Wear contacts? Yes No **Date of last tetanus** \_\_\_\_\_

*I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the United Methodist Church.*

*I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.*

*I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.*

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

***For promotional and publicity purposes, I will allow my youth's picture to be taken and used. Names will not be used to identify persons in the pictures.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLIMBING WALL WAIVER/RELEASE OF LIABILITY

I, the undersigned, realize and agree the use of the climbing wall is potentially dangerous and that bodily injury or death could occur. My participation is voluntary and I attest I will abide by the safety policies, commands, and instructions of the University instructors and guides. I further attest I will use the wall in a safe, controlled manner and will not exceed my capabilities. I am in good health, not pregnant, and able to undertake participation in the climbing wall. In consideration of the foregoing, I for myself, administrators, and assignees, do hereby release and discharge Southeast Missouri State University and all instructors, guides, personnel, and co-sponsors involved from all claims of damage, demands, and causes of action, in any manner arising out of my participation in this climbing activity.

I hereby consent to first aid, emergency medical care, and, if necessary, admission to any accredited hospital for executing such care for treatment of injuries I may sustain while participating in this activity.

\_\_\_\_\_  
Name of Participant - **Please Print**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature** of Participant (Parent/Guardian if participant is under 18 years of age)

### **Climbing Wall Information**

All climbers must abide by the Student Recreation Center rules and follow the recommendations and requests of the staff.

Clean, non-marking athletic or climbing shoes must be worn.

Open-toed shoes, socks, or bare feet are prohibited.

Rings or jewelry are not allowed. Long hair is to be tied back when necessary.

**NO LOOSE CHALK.** Chalk balls and rosin bags are acceptable.

**ANY INJURY THAT HAS BLOOD PRESENT MUST BE CLEANED AND BANDAGED BEFORE PARTICIPATING. THIS INCLUDES DRIED BLOOD AND SCABS.**