

TNT@TNU TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I

LOOK FOR EVENT RULES AND INFORMATION ON CD or mvnazarene.org

(Cost: \$325; Form postmarked by: **Tuesday, Dec 12; Mail Form to: Mike McAdory, PO Box 645, Clearwater, SC 29822**)

(Please **PRINT** all information)

District: **South Carolina**

Leaving from: MV Columbia Greenville
CIRCLE ONE

Name: _____

Address: _____

(Street)

(city)

(state)

(zip code)

Home phone: (____) _____ **Student's** Cell phone: (____) _____ Date of Birth ____/____/_____

Age: _____ Grade in School: _____ Anticipated Year of High School Graduation: _____

E-Mail Address: _____ **Circle T-Shirt Size:** Small Medium Large XL XXL XXXL

(Check one) _____ Teen Entrant _____ Teen Spectator _____ Adult Chaperone _____ Adult Spectator

TEEN ENTRANT INFORMATION

GENDER

- ___ Male
- ___ Female

AGE LEVEL

- ___ Early Youth (Grade 9 and below)
- ___ Senior Youth (Grade 10 and up)

AGE LEVEL IN INDIV. SPORTS

- ___ Junior High (ages 12-13)
- ___ Middle High (ages 14-15)
- ___ Senior High (ages 16-19)

RULE: Entrants can compete in no more than **THREE** categories, including a maximum of **TWO** tournament (*) style events. Display events (art, creative writing, video production) and participation in vocal choir are not counted toward this limitation. **Exhibition Event

BIBLE QUIZZING

- ___ *"A" League Quizzing
- ___ *"B" League Quizzing

CREATIVE WRITING

- ___ Poetry
- ___ Prose

INSTRUMENTAL MUSIC

- ___ Instrumental Brass Solo
- ___ Keyboard Solo Instrumental
- ___ Instrumental Percussion Solo
- ___ Instrumental Strings Solo
- ___ Woodwinds Solo
- ___ Instrumental Group

ART

- ___ Chalk/Pastels
- ___ Graphic Design
- ___ Mixed Media
- ___ Oil/Acrylic
- ___ Pen/Ink
- ___ Pencil
- ___ Still Photography
- ___ Water
- ___ 3-D Art

SPEECH

- ___ Impromptu
- ___ Oral Interpretation
- ___ Original Oratory
- ___ Storytelling

INDIVIDUAL SPORTS

- ___ Golf
- ___ Swimming
- ___ *Table Tennis
- ___ *Tennis
- ___ 5K Cross Country
- ___ 100m Dash

CREATIVE MINISTRIES

- ___ Preaching
- ___ Dramatic Monologue
- ___ Dramatic Group
- ___ Interpretive Worship Group
- ___ Interpretive Worship Solo
- ___ Mime/Human Video Group
- ___ Mime/Human Video Solo
- ___ Puppets
- ___ Sign Language
- ___ Video Production

VOCAL MUSIC

- ___ Vocal Solo
- ___ Vocal Duet
- ___ Vocal Small Group
- ___ Vocal Ensemble
- ___ Vocal Choir
- ___ Singer/Song Writer
- ___ Worship Band

TEAM SPORTS

- ___ * Co-Ed Dodgeball
- ___ * Co-Ed Softball
- ___ * Co-Ed Ultimate Frisbee
- ___ * Ladies' Basketball
- ___ * Ladies' Football
- ___ * Ladies' Soccer
- ___ * Ladies' Volleyball
- ___ * Men's Basketball
- ___ * Men's Beach Volleyball
- ___ * Men's Flag Football
- ___ * Men's Soccer

_____ is a member of the local NYL.

(Participant's name)

_____ **(Pastor or Local NYI President's Signature)**

TNT REGISTRATION FORM – PART II

Dates: April 5-8, 2018
Times: \$75 Deposit & Form Postmarked Dec 12
Total Fees: \$325

Place: Trevecca Nazarene University
Nashville, TN
www.trevecca.edu

THIS TNT @ TNU EVENT IS SPONSORED BY THE USA/CANADA SOUTHEAST FIELD NAZARENE YOUTH INTERNATIONAL IN COOPERATION WITH TREVECCA NAZARENE UNIVERSITY.

YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT TNT FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE TNT @ TNU OFFICE TO BE RETAINED DURING TNT.

Name of Participant: _____

INSURANCE AND MEDICAL INFORMATION
(All participants must be covered by their own personal insurance.)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking at the time of the event: _____

List medications you are allergic to: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Phone: (_____) _____ Contact Person: _____

Insurance Company _____ Policy # _____

TEEN: I have read the USA/Canada SE Field Conduct Guidelines and promise to live within these guidelines during TNT @ TNU. I also promise to cooperate with District sponsors and be under their authority. I am aware that failure to do so will result in disciplinary action.

(Teen Signature)

PARENTS: I hereby give authority to **David Snodgrass**, who is the NYI President of the **South Carolina** District, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the TNT@TNU staff as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, _____. I understand that the event of TNT@TNU will require my son/daughter to make choices and to keep a schedule, and that he/she may not be under direct adult supervision at all times. I agree to release and hold harmless any and all staff and lay assistants of TNT@TNU, Trevecca Nazarene University, or of the South Carolina District NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend TNT@TNU. **NOTE:** Valuables should be left at home!

Parent/Guardian Signature _____

(****Signature must be in the presence of a Notary Public****)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 20____,

personally appeared _____ and acknowledged execution of the foregoing. In Witness

Whereof, I have hereunto set my hand and Notary Seal.

State/Province of: SOUTH CAROLINA **County of:** _____

Notary Public Signature: _____ **My Commission expiration date:** ____/____/____

*****NOTARY SEAL *****