

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

Form must be Postmarked by **Feb 9** & include **\$125 deposit**; *Not actually registered until \$125 deposit is received*

Mail Form to: **Mike McAdory, PO Box 645, Clearwater, SC 29822**
(Please **PRINT** all information; PLEASE FILL IN TOP SECTION COMPLETELY)

District: SOUTH CAROLINA

Full Church Name: _____ **Leaving From** (*circle one*): MVCN Columbia 1st

Name: _____ Date of Birth ___/___/_____

Address: _____ (Street/PO Box)
_____ (City/State/Zip)

Home phone: (____) _____ Cell phone: (____) _____ Carrier: _____ Texting: Yes No

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)

*Bracketed Events; **Exhibition Event

BIBLE QUIZZING

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

ART

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

CREATIVE WRITING

- ___ Poetry
- ___ Prose

SPEECH

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

MATH & BUSINESS

- ___ Math
- ___ Accounting

CREATIVE MINISTRIES

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

VOCAL MUSIC

- ___ Vocal Solo
- ___ Vocal Duet
- ___ Vocal Small Group
- ___ Vocal Ensemble
- ___ Vocal Choir
- ___ Song Writing

INSTRUMENTAL MUSIC

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

INDIVIDUAL SPORTS

- ___ Golf
- ___ Skateboarding**
- ___ Swimming
- ___ *Table Tennis
- ___ *Tennis
- ___ 5K Cross Country Run
- ___ 100m Sprint**

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 NYI. _____
(Participant's name) (Pastor or Local NYI President's Signature)

TNT REGISTRATION FORM – PART II

THIS TNT 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 EVENT 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. 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 event 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 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 **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. **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 *****