

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

Early Bird Registration Postmarked by Feb. 1 st \$325	Regular Registration Postmarked by Feb. 8 th \$340	Late Registration Postmarked after Feb. 8 th \$360
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LOOK FOR EVENT RULES AND INFORMATION AT GeorgiaNYI.com

\$75 Deposit and Registration form due by the above dates to lock in your cost. We hate to enforce late fees, but we have to.

All balances must be sent in ONE (1) CHURCH check postmarked by **March 13. Email courtneydanae@outlook.com for questions.**

Forms must be turned in to your local NYI Leader. Forms must be mailed together with ONE (1) CHURCH check made payable to **Georgia District NYI.**

Mail Forms and check to: **Courtney Ewing, 2646 GA HWY 338, Dexter, GA, 31019**

(Please **PRINT** all information and fill out form in its entirety)

District: Georgia

Home Church: _____ *Include City if "First Church"

Name: _____

Address: _____
 (Street) (city) (state) (zip code)

Home phone: (____) _____ 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

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 Run
 ____ 100m Sprint

ACADEMICS

- ____ Math
 ____ Accounting
 ____ Science**

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 NYI.

(Participant's name)

(Pastor or Local NYI President's Signature)

TNT REGISTRATION FORM – PART II

Dates: April 4-7, 2019

Place: Trevecca Nazarene University
333 Murfreesboro Rd
Nashville, TN 37210
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 Kristi Huff, who is the NYI President of the GA 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 GA 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: Georgia **County of:** _____

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

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