**GEORGIA DISTRICT FESTIVAL OF LIFE**

**JANUARY 18, 2020**

**FIRST CHURCH OF THE NAZARENE**

**DUBLIN, GA**

**COST: $ 25.00 postmarked by January 6, 2020**

**Mail forms to: Amy Garnto, 1424 Walke Dairy Road, Dublin, GA 31021**

**(Please PRINT all information)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (city) (state) (zip code)

Home phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_ Grade in School: \_\_\_\_\_\_\_\_\_\_ Anticipated Year of High School Graduation: \_\_\_\_\_\_\_\_\_\_\_\_

Church Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TEEN ENTRANT INFORMATION**

GENDER AGE LEVEL

\_\_\_ Male \_\_\_ Early Youth (Grade 9 and below)

\_\_\_ Female \_\_\_ Senior Youth (Grade 10 and up)

 \*\*Exhibition Event

### **CREATIVE WRITING** **INSTRUMENTAL MUSIC** **SPEECH**

\_\_\_\_ Poetry \_\_\_\_ Instrumental Brass Solo \_\_\_\_ Impromptu

\_\_\_\_ Prose \_\_\_\_ Keyboard Solo Instrumental \_\_\_\_ Oral Interpretation

 \_\_\_\_ Instrumental Percussion Solo \_\_\_\_ Original Oratory

### **ART** \_\_\_\_ Instrumental Strings Solo \_\_\_\_ Storytelling

\_\_\_\_ Chalk/Pastels \_\_\_\_ Woodwinds Solo

\_\_\_\_ Graphic Design \_\_\_\_ Instrumental Group(Early Youth/Senior Youth)

\_\_\_\_ Mixed Media

\_\_\_\_ Oil/Acrylic **VOCAL MUSIC**

\_\_\_\_ Pen/Ink \_\_\_\_Vocal Solo

\_\_\_\_ Pencil \_\_\_\_Vocal Duet/with\_\_\_\_\_\_\_\_\_\_\_(Senior Youth/Early Youth)

\_\_\_\_ Still Photography \_\_\_\_Vocal Small Group

\_\_\_\_ Water \_\_\_\_Vocal Ensemble

#### \_\_\_\_ 3-D Art \_\_\_\_Vocal Choir

####  \_\_\_\_Songwriting

####

####  **MATH & BUSINESS**

#### **CREATIVE MINISTRIES** \_\_\_\_Math

\_\_\_\_ Bible Exposition \_\_\_\_Accounting (Sr. Youth only)

\_\_\_\_ Dramatic Monologue

\_\_\_\_ Dramatic Group(Early Youth/Senior Youth)

\_\_\_\_ Interpretive Worship Group(Early Youth/Senior Youth)

\_\_\_\_ Interpretive Worship Solo

\_\_\_\_ Mime/Human Video Group(Early Youth/Senior Youth)

\_\_\_\_ Mime/Human Video Solo

\_\_\_\_ Puppets(Early Youth/SeniorYouth) **SCIENCE FAIR**

\_\_\_\_ Sign Language Not judged at FOL

\_\_\_\_Video Production **see TNT/FOL director for details**

\_\_\_\_ Worship Band(Early/Senior Youth)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a member of the local NYI. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Participant’s name) (Pastor or Local NYI President’s Signature)**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List medications you are allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEEN:** I have read the regional Conduct Guidelines and promise to live within these guidelines during Festival of Life. I also promise to cooperate with District sponsors and be under their authority. I am aware that failure to so will result in disciplinary action.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Teen Signature)

**PARENTS:** I hereby give authority to Kristi Huff, who is the NYI President of the Georgia 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 Festival of Life 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 Festival of Life *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 GeorgiaDistrict NYI and the First Church of the Nazarene, Dublin, GA 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 **Festival of Life.** **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Commission expiration date: \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Notary Seal**

**A COPY OF THIS DOCUMENT IS THE SAME AS THE ORIGINAL.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make checks payable to: GEORGIA DISTRICT NYI. Mail along with registration form to:**

**Amy Garnto – 1424 Walke Dairy Road, Dublin, GA 31021. Applications must be postmarked by January 6, 2020.**

**For questions, call (478) 290-1394 or email Amy Garnto at amygarnto@gmail.com.**