

## "CELEBRATE LIFE 2015"

Congratulations! You have been chosen to represent Chicago Central District at Celebrate Life on **May 14-16, 2015**. Over 2000 people will gather from our region to compete in various sports and events at Olivet Nazarene University in hopes to win the grand trophy that we won a couple of years ago! You won't want to miss this exciting event. During this weekend you will experience awesome worship, drama, sports, a block party, college life at Olivet, and make new friendships from all over the mid-west.

**In order for you to attend Celebrate Life 2015 you will need to fill out all forms included in this packet (medical release, climbing wall, Record a Hit wavier, and celebrate life activity form) and return them to me (Bill Koch) with your church check made out to CCD NYI no later than Sunday, April 5, 2015.**

**We will not accept any forms or checks past the due date which is April 5, 2015.**  
**No exceptions.**

The cost for Celebrate Life this year is \$110 per student and \$90 for adult sponsors. The cost includes a Chicago Central District T-Shirt, registration fees, two nights stay in hotel/dorm, all meals from Thursday lunch until Saturday breakfast, free pizza party Thursday night at 11 pm in the Warming House, and free admission to all services and activities. The first event you compete in at Celebrate Life is FREE. If you qualify for more than one event you will be charged an additional 5.00 for each event. If you are competing in a team sport you will also be charged an additional amount of \$15.00 to pay for your team shirt. Please include that amount in your check to the church.

Please note: Immediately following the closing ceremony at Regional Celebrate Life this year we will have an important informational meeting at Gathering Point in the sanctuary concerning details of NYC 2015. This meeting will be for all adult participants and student participants attending NYC 2015. Plan to attend!

If you have any questions or concerns about Celebrate Life please contact me at [kochbill72@gmail.com](mailto:kochbill72@gmail.com) or call 217-260-1894. Come on out to support our district.

Let's go CCD!!

In His service,  
Bill Koch

# CCD NYI Celebrate Life Registration Form

(Please PRINT and complete ALL information)

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Date Of Birth: \_\_\_\_\_ District: Chicago Central District

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

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

Grade: \_\_\_\_\_ Local Church: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Yr. Of Graduation: \_\_\_\_\_ Gender: M F

Cell Phone: ( ) \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

I am a: \_\_\_\_\_ Participant \_\_\_\_\_ Sponsor

\*\*\* YOU MAY NOT ENTER ANY INDIVIDUAL CATEGORY MORE THAN ONCE\*\*

A. **Bible Quizzing**  Yes  No

B. **Video/Arts/Crafts**  
 Painting  Still Photography  
 Drawing  Sculpture & Craft  
 Video (individual only, not team)

C. **Science Quizzing**  Yes  No

\*Taped/CD music must be an original. All commercially produced accompaniment tapes must be an original tape (no copies will be permitted). Taped music must not have voices singing unison with the singer(s). The singer(s) will be judged by the written music given to the judges.

D. **Musical Talent: Instrumental**  
 (Circle One) Taped Live Accompanist  
 Solo  Duet  Name: \_\_\_\_\_  
 Trio Instrument(s): \_\_\_\_\_  
 Partner(s): \_\_\_\_\_  
 Keyboard  Piano  Organ  
 Solo  
 Ensemble Taped Live Accompanist  
 (4 to 11)    
 Ensemble Name: \_\_\_\_\_  
 Members: \_\_\_\_\_  
 Band Taped Live Accompanist  
 (12 or more)   Band Name: \_\_\_\_\_  
 Praise Band  
 Band Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

E. **Musical Talent: Vocal**  
 Taped Live Accompanist  
 Solo   Name: \_\_\_\_\_  
 Duet    
 Partner: \_\_\_\_\_ Name: \_\_\_\_\_  
 Trio    
 Partner(s) \_\_\_\_\_ Name: \_\_\_\_\_  
 Ensemble    
 (4-11) Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Choir    
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Dist. Choir/    
 Impact Team Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

F. **Communications/Video**  
 Creative Writing  Bible Exposition  Speech/ Reading  Video (Individual)  
 Drama Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_  
 Mime Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_  
 Puppetry Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_

G. **Sport Events**  
 Video editing  
 Participant: \_\_\_\_\_  
 Assistant (Optional): \_\_\_\_\_  
 Basketball (District Team)  
 Free Throw Early Youth Senior Youth M F  
 Hot Shot Early Youth Senior Youth M F  
 Bowling  
 Chess  
 Table Tennis Mixed Doubles Singles M F  
 Tennis Early Youth Senior Youth M F  
 Volleyball (District Team)  
 5000-Meter Run  
 Golf Early Youth Senior Youth M F  
 Home Run Derby Early Youth Senior Youth M F  
 Coed Soccer (District Team)

**Refund Policy:**

All monies received for the event of Regional Celebrate Life are non-refundable directly to the participant. They may, however, be transferred between participants within the district. I hereby agree to the stated refund policy.

\_\_\_\_\_  
 (Participant's Signature)

Central Field NYI Celebrate Life  
**PERMISSION - COOPERATION – INFORMATION FORM**  
(YOU MUST COMPLETE THIS FORM TO ATTEND)

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**Parental Permission and Waiver of Liability**

*I hereby give authority to CHRISTINA FISCHER, who is the NYI President of the Chicago Central District, to obtain minor medical attention or to authorize treatment at any hospital in the event of a medical emergency.*

*I also recognize the authority of all district sponsors, the Celebrate Life staff and the security of Olivet Nazarene University as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.*

*I will not hold the Church of the Nazarene or Olivet Nazarene University responsible for accident, injury or theft. My son/daughter has my permission to attend Celebrate Life.*

\_\_\_\_\_ (Parent or Guardian Signature) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Yr)

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Emergency Phone #: (\_\_\_\_) \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

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

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**Teen Cooperation Agreement**

*I am willing to cooperate with my sponsors, and I will submit to their authority in all areas. I will also follow the guidelines set up by the Central Region NYI Council and Olivet Nazarene University. I am aware that failure to do so will result in disciplinary action.*

\_\_\_\_\_ (Your Signature) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Yr)

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**Celebrate Life Package Deal**

The cost for students is \$110 which includes:

- Registration, District T-shirt, and 1 event
- Lodging - for two nights (you provide the bedding and linens)
- Meals – Lunch & Dinner on Thursday; three meals on Friday; breakfast and lunch on Saturday.
- Programs on Thursday and Friday (These programs are not optional for students.)

Registration: (includes 1 event)	\$ <u>110</u>
Number of Additional Events ____ x \$5	\$ _____
Team Sport Fee (\$15)	\$ _____
<b>TOTAL DUE:</b>	<b>\$ _____</b>

Celebrate Life begins with registration at 9:00-10:45 A.M. in the Centennial Chapel on Thursday, May 14th. An opening ceremony will begin promptly at 11:00 A.M. Late registrants may proceed to the Tiger Den following the ceremony. Celebrate Life will conclude at 12:30 P.M. on Saturday, May 16th.

**RECORD-A-HIT ENTERTAINMENT**  
**1495 Tonne Road, Elk Grove Village 60007**  
**847-690-1100**

## **LIABILITY WAIVER**

**Adrenaline Rush, Adrenaline Rush Extreme, Eurobungy, Bouncy Boxing, Bungee Bull, Bungee Run, Bungee Sports Challenge, Climbing Wall, Gladiator Joust, Jacob's Ladder, Human Spheres, Human Bowling, Iceless Skating Rink, Inflatable Slip N Slide, Mechanical Bull, Obstacle Courses, Pillow Bash, Rat Race, Rock Em Sock Em, Velcro Wall, Wrecking Ball**

THE UNDERSIGNED, by his/her signature hereinafter affixed does acknowledge that any physical activities involve some element of personal risk and that, accordingly, in consideration for the undersigned waiving his/her claim against RECORD-A-HIT, Inc., and their agents, the undersigned will be allowed to participate in any of the above physical activities.

By engaging in this activity, the the undersigned acknowledges that he/she assumes the element of inherent risk and, in consideration for being allowed to engage in the activity, agrees to indemnify and hold RECORD-A-HIT, Inc., and their agents, harmless from any liability for bodily injury, property damage or wrongful death caused by participation in this activity.

Further, the undersigned agrees to indemnify and hold RECORD-A-HIT, Inc., and their agents, harmless from any and all costs incurred including, but not limited to, actual attorney's fees that RECORD-A-HIT, Inc., And their agents, may suffer by an action or claim brought against it by anyone as a result of the undersigned's use of such facility.

**Event Name**     Celebrate Life ONU    

**Event Date**     May 14-16, 2015    

X \_\_\_\_\_ X \_\_\_\_\_  
**Participant - Printed** **Participant -Signature**

X \_\_\_\_\_ X \_\_\_\_\_  
**Parent/Guardian - Printed** **Parent/Guardian - Signature**

