

RME 2014 STUDENT Registration Form

Please complete this form and return to your district Main Event coordinator

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Date of Birth: _____ Current Grade: _____

E-mail address: _____

Home Church: _____ District: _____

Main Event Student you wish to room with (both must indicate): _____

NNU student you wish to stay with (must have permission): _____

Registration Fees (please check all that apply)

Student fee \$85.00

Off-campus Housing (hotel cost)

Total Fees = \$ _____ (make checks payable to your district NYI)

For Participants, check all that apply:

Male Female Early Youth (7,8,9) Senior Youth (9,10,11,12)

Christian Communication

Vocal Music

- Solo
- Sm. Group (2-4)*
- Ensemble (5-9)*
- Choir (10+)*

Instrumental Music

- Inst. Solo
- Ensemble (2+)*
- Keyboard Solo
- Songwriter

Creative Ministries

- Drama*
- Mime
- Oral Interpretation
- Preaching
- Sign Language
- Dance*

Speech & Writing

- Speech
- Prose
- Poetry

Quizzing

- Church Team*
- All-Star Team*
- Open Class*

*Team
Name: _____

Art

- Drawing
- Painting
- Photography
- Sculpture & Pottery
- Digital Media
- Duct Tape

Athletics

Limit one (1) event

- Team Volleyball*
- Team Basketball*
- Co-ed Soccer*
- Dodge Ball

*Team
Name: _____

Science

- Biology/Life Science
- Physical Science (Chemistry or Physics)
- Engineering (Mechanical, Electrical or Computer)

**STUDENT AND CHILD MEDICAL & CIVIL LIABILITY
RELEASE FORM**

Photocopy this form for each student participant and child of an adult sponsor.
Keep a copy of each completed Medical & Civil Liability Release Form for your district records.

Every student and child of an adult sponsor **MUST** complete the following Medical & Civil Liability Release Form.
For those participants/children under the age of 18, the parent or legal guardian **MUST** sign.

Signed copies of this form **MUST** be returned with registration information. Individual registration is not complete unless a
Medical & Civil Liability Release Form is on file with your district NYI

FOR ALL STUDENT PARTICIPANTS and CHILDREN OF SPONSORS:

Name (Last) _____ (First) _____ (Middle) _____
Address _____ Sex _____
City _____ State/Province _____ Zip/Postal Code _____
Date of Birth _____
Emergency Contact _____ Relationship _____
Phone # (Home) _____ (Work) _____ (Fax) _____
Parent/Guardian's Name _____
Phone # (Home) _____ (Work) _____ (Fax) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at Regional Main Event 2014:

List any medications you are allergic to: _____

Date of last tetanus shot: _____

List any medical conditions or activity limitations: _____

Doctor's Name: _____ Phone # _____

I, _____, the legal guardian of _____, authorize the
Parent/Legal Guardian *Regional Main Event--2014 Participant/child*
leadership of Regional Main Event -- 2014 to obtain treatment for and/or hospitalize my child for any injuries and/or illness my child may suffer during the event. Furthermore, I expressly authorize the leadership of Regional Main Event --2014 or its representative, in their sole discretion, to summon any and all professional emergency personnel to attend, transport, and treat my child. I hereby accept responsibility for payment of all costs incurred for any medical treatment provided to my child, regardless of whether my child is covered by medical insurance. I understand that Regional Main Event -- 2014 will require my son/daughter to make choices and 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 staff, lay assistants, sponsors, volunteer, agents, directors and officers of Nazarene Youth International Ministries, the General Church of the Nazarene, Northwest Nazarene University, local sponsoring churches and/or Regional Main Event -- 2014 from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

This liability release is valid during Regional Main Event -- 2014, April 11-12, 2014.

HEALTH INSURANCE COMPANY: _____ POLICY # _____

Signature: _____