

Celebrate Life Participant Registration Form

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(Please PRINT legibly and complete ALL Information)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Participant Cell #: _____

Participant email: _____

Local Church: _____

Gender: M F T-Shirt Size: _____

Birthdate (MM/DD/YYYY): _____

Age: _____ Grade: _____

Roommate Preference: _____

Dietary Needs: _____

Bible Quizzing

Yes No

Arts/Crafts

- Painting Still Photography
 Drawing Sculpture & Craft

Communications/Video

- Creative Writing Bible Exposition
 Speech/Reading Video (Individual)
 Dance Group Name: _____
Participants: _____
 Drama Group Name: _____
Participants: _____
 Mime Group Name: _____
Participants: _____
 District Choir/Impact Team
Group Name: _____
Participants: _____

Musical Talent: Instrumental

*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 over unison with the singer(s).

- Solo Duet Trio
 CD Live Accompanist _____
Instrument: _____
Partner(s): _____
 Keyboard Solo Piano Organ
 Ensemble (4 – 11)
Names: _____
 Band (12 or more)
Band Name: _____
Members: _____
 Praise Band Name: _____
Members: _____

Musical Talent: Vocal

*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 over unison with the singer(s). The singers will be judged by the written music given to the judges.

- Solo
 CD Live Accompanist _____
 Duet Partner: _____
 CD Live Accompanist _____
 Trio Partners: _____
 CD Live Accompanist _____
 Ensemble (4 to 11) Names: _____
 CD Live Accompanist _____
 Choir Names: _____
 District Choir/Impact Team
Names: _____

Sport Events

*You may only participate in one team event due to conflicting schedules. The consists of bowling, mixed doubles in table tennis, soccer, v-ball, and b-ball.

- Basketball (District Team)
 Free Throw Early Youth Senior Youth M F
 Hot Shot Early Youth Senior Youth M F
 Bowling (District Team)
 Chess
 Table Tennis Singles Mixed Doubles M F
 Tennis Singles Mixed Doubles M F
 Volleyball (District Team)
 5K Run
 Home Run Derby Early Youth Senior Youth M F
 Coed Soccer (District Team)
 Dodgeball

Refund Policy:

All money received for the event of 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 Signature

Parent/Guardian Signature

Central Region NYI Celebrate Life

PERMISSION – COOPERATION – INFORMATION FORM

(This form must be completed to attend)

Parental Permission and Waiver of Liability

I hereby give authority to Gil Thibault, who is the NYI President of the Northern Michigan District and Kristen Lucke, the Northern Michigan District Celebrate Life Director, 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 Year

Home Phone #: (_____)_____

Parent /Guardian Cell #: (_____)_____

Insurance Company: _____ Policy Number: _____

Participant Known Allergies/Medical Conditions: _____

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.

Participant Signature

_____-_____-_____
Month Day Year

Celebrate Life Cost

The cost of Regional Celebrate Life is **\$160.00**

- Lodging – for two to three nights (you provide the bedding and linens)
- Meals – lunch and dinner on Thursday; three meals on Friday; breakfast on Saturday
- Programs on Thursday and Friday (These programs are not optional for participants)

Regional Celebrate Life begins on Thursday, May 11, 2023 from 8:30am-10:30am in the Lobby of Centennial Chapel or Perry Center Fieldhouse (location pending). An opening celebration will begin promptly at 10:30am in the Centennial Chapel or Chalfant Hall (location pending). Late registrants may proceed to the Tiger Den following the opening celebration. Celebrate Life will conclude at 12:15pm on Saturday, May 13, 2023.