

# Celebrate Life Individual Registration Form

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(Please PRINT legibly and complete ALL information)

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

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

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

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

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

Local Church \_\_\_\_\_

Gender: M F T-shirt Size: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

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

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

A. **Bible Quizzing**  Yes  No

B. **Arts/Crafts**  
 Painting  Still Photography  
 Drawing  Sculpture & Craft

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)  Solo  Duet  Trio

CD  Live Accompanist  
 Name: \_\_\_\_\_

Instrument(s): \_\_\_\_\_  
 Partner(s): \_\_\_\_\_

Keyboard Solo  Piano  Organ

Ensemble (4 to 11)  CD  Live Accompanist  
 Ensemble Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

Band (12 or more)  CD  Live Accompanist  
 Band Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

Praise Band  
 Band Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

E. **Musical Talent: Vocal**

Solo  CD  Live Accompanist  
 Name: \_\_\_\_\_

Duet  Partner: \_\_\_\_\_ Name: \_\_\_\_\_

Trio  Partner(s) \_\_\_\_\_ Name: \_\_\_\_\_

Ensemble (4-11)  Name: \_\_\_\_\_

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

Dist. Choir/Impact Team  Name: \_\_\_\_\_

F. **Communications/Video**

Creative Writing  Bible Exposition  Speech/Reading  Video (Individual)

Dance Group Name: \_\_\_\_\_

Drama Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_

Mime Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_

Puppetry Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_

G. **Sport Events**

You may only participate in one team event due to conflicting schedules. This consists of bowling, mixed doubles in table tennis, soccer, vb, and bb but not video production.

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 Mixed Doubles Singles M F

Tennis Mixed Doubles Singles M F

Volleyball (District Team)

5K Run

Home Run Derby Early Youth Senior Youth M F

Coed Soccer (District Team)

Dodgeball

**Refund Policy:**

All monies 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's Signature)

Central Region 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 Jeremy Gomez, who is the NYI President of the Northern Michigan District and Beth Strong, 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) (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 Cost**

The cost Regional Celebrate Life is **\$ 120.00**

- Lodging - for two to three nights (you provide the bedding and linens)
- Meals - Lunch & Dinner on Thursday; three meals on Friday; breakfast on Saturday.
- Programs on Thursday and Friday (These programs are not optional for students.)

Roommate preference: \_\_\_\_\_

Regional Celebrate Life begins with registration from 8:30-10:30 A.M. in the Lobby of the Centennial Chapel on Thursday, May 14, 2020. An opening ceremony will begin promptly at 10:30 A.M. in the new Centennial Chapel. Late registrants may proceed to the Tiger Den following the ceremony. Celebrate Life will conclude at 12:30 P.M. on Saturday, May 16, 2020.