

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

Instrument(s): _____

Partner(s): _____

Keyboard Piano Organ

Ensemble (4 to 11) CD Live Accompanist

Ensemble Name: _____

Members: _____

Band (12 or more) CD Live Accompanist

Band Name: _____

Praise Band

Band Name: _____

Members: _____

E. **Musical Talent: Vocal**

Solo CD Live Accompanist

Partner: _____ Name: _____

Duet CD Live Accompanist

Partner(s) _____ Name: _____

Trio CD Live Accompanist

Partner(s) _____ Name: _____

Ensemble (4-11) CD Live Accompanist

Name: _____ Name: _____

Choir CD Live Accompanist

Name: _____ Name: _____

Dist. Choir/ CD Live Accompanist

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)

Parental Permission and Waiver of Liability

I hereby give authority to Gil Thibault, 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: _____

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.)

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 12, 2022. 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 12:15 P.M. on Saturday, May 14, 2022.