

MAX@MNU TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I

LOOK FOR EVENT RULES AND INFORMATION AT www.mnu.edu/max

(Please **LEGIBLY PRINT** all information)

District: _____ Church _____

Name: _____ Date of Birth ___/___/___ Age: _____

Address: _____
(Street)

_____ (city) _____ (state) _____ (zip code)

Home phone: (____) _____ Cell phone: (____) _____ E-Mail Address: _____

Grade in School: _____ High School Graduation Year: _____ **T-Shirt Size:** S M L XL XXL XXXL

(Check one) _____ Teen Entrant _____ Adult Chaperone

TEEN ENTRANT INFORMATION

GENDER

____ Male
____ Female

AGE LEVEL

____ Junior High (Grade 8 and below)
____ Senior High (Grade 9 and up)

RULE: See MAX@MNU Handbook, pg. 5-8, for Liberal Arts Requirements, including a maximum of TWO tournament (*) style event. Individual Sports or Nightly Options listed below are not counted toward this limitation.

BIBLE QUIZZING

____ * "A" League Quizzing
____ * "B" League Quizzing

CREATIVE WRITING

____ Fiction/Nonfiction
____ Poetry

ATHLETICS

INDIVIDUAL SPORTS Fri-Sat

____ Bowling
____ 5k Run
____ Tennis

LIBERAL ARTS

VOCAL MUSIC

____ Vocal Solo
Name of piece _____
____ Vocal Small Ensemble (2-4)
Ensemble Members _____
____ Vocal Ensemble (5-up)
Ensemble Name _____

PREACHING

____ Preaching

DRAMA:

____ Spoken Word
____ Monologue
____ Sketch

DRAMA: Creative Arts

____ Mime/Human Video
____ Sticks
____ Color Guard
____ Sign Language

TEAM SPORTS Fri-Sat

____ * Co-Ed Soccer
____ * Co-Ed 7 on 7 Football
____ * Ladies' JH Basketball
____ * Ladies' SH Basketball
____ * Men's JH Basketball
____ * Men's SH Basketball
____ * Ladies' Volleyball

WORSHIP BAND

____ Small (2 or more)
Worship Band Name _____

DANCE: CREATIVE ARTS

____ Dance

PHOTOGRAPHY

____ Portrait
____ Architecture
____ Land/Sea Scape

THURSDAY NIGHT OPTIONS

____ JH Co-Ed Dodgeball
____ SH Co-Ed Dodgeball
____ Table Tennis
____ 4 Person Sand Volleyball

INSTRUMENTAL MUSIC

____ Instrumental Solo
Name of piece _____
____ Keyboard Solo
Name of piece _____

FRIDAY NIGHT OPTION

____ Three Point

EDUCATION – FRIDAY ONLY

____ Math Test
____ ACT Residual (\$20 Fee)

ART

____ General (Oil/Acrylic, Water, Pencil, Pen/Ink, Chalk/Pastels)
____ Creative Art (Jewelry, sculpture, ceramics, etc.)

_____ is a member of the local NYI.
(Participant's name)

(Pastor or Local NYI President's Signature)

MAX REGISTRATION FORM – PART II

Dates: April 25 – April 27, 2019

Location: MidAmerica Nazarene University

Fee: **\$70** Teen Entrant (regional registration) includes all events, Speaker, Band, shirt, awards and food (Friday Lunch, Friday Dinner, Sat. Brunch)
\$40 Adult Chaperone

2030 E College Way
Olathe, KS 66062-1899
913.782.3750 800.800.8887

(Please send your money and applications to your District Coordinators not MNU)

THIS MAX EVENT IS SPONSORED BY THE NORTH CENTRAL FIELD NAZARENE YOUTH INTERNATIONAL IN COOPERATION WITH MIDAMERICA NAZARENE UNIVERSITY. YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT MAX FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE MAX @MNU REGISTRATION OFFICE TO BE RETAINED DURING MAX.

Name of Participant: _____

INSURANCE AND MEDICAL INFORMATION

(All participants must be covered by their own personal insurance.)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking at the time of the event: _____

List medications you are allergic to: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Phone: (_____) _____ Contact Person: _____

Insurance Company _____ Policy # _____

TEEN: I have read the Field Conduct Guidelines and promise to live within these guidelines during MAX @ MNU. I also promise to cooperate with District sponsors and be under their authority. I am aware that failure to do so will result in disciplinary action.

(Teen Signature)

PARENTS: I hereby give authority to Fred Toomey, who is the Field Youth Coordinator of the North Central NYI, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the MAX@MNU staff as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, _____. I understand that the event of MAX @ MNU will require my son/daughter to make choices and to 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 and all staff and lay assistants of District/Field NYI or MidAmerica Nazarene University from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend MAX@MNU. **NOTE:** Valuables should be left at home!