

TNT@TNU TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I

LOOK FOR EVENT RULES AND INFORMATION AT mvnazarene.org

(Form Due by: **FEBRUARY 12th**; Mail/Email Form to: **Mike McAdory, PO Box 645, Clearwater, SC 29822 (mikemc@mvnazarene.org)**
(Please PRINT all information)

District: South Carolina

Church: _____

Name: _____

Address: _____
(Street)

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

Home phone: (____) _____ Cell phone: (____) _____ Date of Birth ____/____/____

Age: _____ Grade in School: _____ Anticipated Year of High School Graduation: _____

E-Mail Address: _____ **Circle T-Shirt Size:** Small Medium Large XL XXL XXXL **(Check**

one) Teen Entrant Teen Spectator Adult Chaperone Adult Spectator

TEEN ENTRANT INFORMATION

GENDER

Male
 Female

AGE LEVEL

Early Youth (Grade 9 and below)
 Senior Youth (Grade 10 and up)

AGE LEVEL IN INDIV. SPORTS

Junior High (ages 11-13)
 Middle High (ages 14-15)
 Senior High (ages 16-19)

RULE: Entrants can compete in no more than **THREE** categories. In Tournament Style Events, a Student may compete on ONE Tier One Level Tournament Style Event*, and ONE more Tier Two Level Tournament Style Event** counting toward their THREE Categories; OR, A Student may compete in TWO Tier Two Level Tournament Style Events** counting toward their total of THREE Categories; HOWEVER, a student may NOT compete in TWO Tier One Level Tournament Style Events*, regardless of the number of categories in which they are competing. *Exhibition Event****.

PLEASE NOTE KEY WHEN SIGNING UP FOR EVENTS: *Tier One **Tier Two *Exhibition Event****

BIBLE QUIZZING

*“A” League Quizzing
 *“B” League Quizzing

CREATIVE WRITING

Poetry
 Prose

INDIVIDUAL SPORTS

Disc Golf
 Golf
 Swimming
 **Table Tennis
 Pickleball*
 5K Cross Country Run
 100m Sprint
 **Chess
 Esports*

ART

Chalk/Pastels
 Graphic Design
 Mixed Media
 Oil/Acrylic
 Pen/Ink
 Pencil
 Still Photography
 Water
 3-D Art

ACADEMICS

Math
 Accounting
 Science

TEAM SPORTS

**Co-Ed Dodgeball
 **Co-Ed Gaga Ball
 **Co-Ed Softball
 **Co-Ed Ultimate Frisbee
 ** Ladies’ Basketball
 * Ladies’ Football
 ** Ladies’ Soccer
 * Ladies’ Volleyball
 * Men’s Basketball
 ** Men’s Beach Volleyball
 * Men’s Flag Football
 ** Men’s Soccer

CREATIVE MINISTRIES

Preaching
 Dramatic Monologue
 Dramatic Group
 Interpretive Worship Group
 Interpretive Worship Solo
 Puppets
 Sign Language
 Video Production

Singer/Song Writer

Worship Band

** Co-Ed Ultimate Frisbee

** Ladies’ Basketball
 * Ladies’ Football
 ** Ladies’ Soccer
 * Ladies’ Volleyball
 * Men’s Basketball
 ** Men’s Beach Volleyball
 * Men’s Flag Football
 ** Men’s Soccer

SPEECH

Impromptu
 Oral Interpretation
 Original Oratory
 Storytelling

INSTRUMENTAL MUSIC

Instrumental Brass Solo
 Keyboard Solo Instrumental
 Percussion Solo
 Instrumental Strings Solo
 Woodwinds Solo
 Instrumental Group

_____ is a member of the local NYI. _____
(Participant's name) _____ (Pastor or Local NYI President's Signature)

TNT REGISTRATION FORM – PART II**Dates:** April 9 – 12, 2026**Place:** Trevecca Nazarene University
333 Murfreesboro Pike
Nashville, TN 37210
www.trevecca.edu**Fees:** \$285**THIS TNT @ TNU EVENT IS SPONSORED BY THE USA/CANADA SOUTHEAST FIELD NAZARENE YOUTH INTERNATIONAL IN COOPERATION WITH TREVECCA NAZARENE UNIVERSITY.****YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT TNT FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE TNT @ TNU OFFICE TO BE RETAINED DURING TNT.**

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 USA/Canada SE Field Conduct Guidelines and promise to live within these guidelines during TNT @ TNU. 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 Nate Barefield, who is the NYI President of the /South Carolina District, 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 TNT@TNU 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 TNT@TNU 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 TNT@TNU, Trevecca Nazarene University, or of the South Carolina District NYI 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 TNT@TNU. **NOTE:** Valuables should be left at home!**Parent/Guardian Signature** _____

(*****Signature must be in the presence of a Notary Public*****)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 20_____,

personally appeared _____ and acknowledged execution of the foregoing. In Witness

Whereof, I have hereunto set my hand and Notary Seal.

State/Province of: South Carolina

County of: _____

Notary Public Signature: _____ My Commission expiration date: ____/____/____

*****NOTARY SEAL *****