

DATE: Fri-Sat Nov. 13-14th
PLACE: Eastern Nazarene College
START TIME: 7:00 PM Friday Night

**2015-2016 FESTIVAL OF LIFE
NEW ENGLAND DISTRICT
REGISTRATION FORM**

REG Youth: \$35, Adults: \$5
DEADLINE: Before Oct. 31, 2014
END TIME: 5:30 PM Saturday

Name _____
Address _____
City _____ State _____ Zip _____
Home Tel. # _____ Cell # _____
Grade _____ Age _____
E-mail address _____

Jersey Size: (Please Circle)

SM MED LG XL XXL XXXL

Church Name: _____

Please indicate which of the following describes you:

Check all that apply

___ Male ___ Female ___ Student ___ Adult Leader

___ Sr. Pastor ___ Youth Pastor

Please check of any events for which you would like to participate.

Competitive Activities

Basketball ___ Instrumental Solo ___

Volleyball ___ Instr. Ensemble ___

Soccer ___ Math /Science Quizzing ___

Chess ___ Photography ___

Table Tennis ___ Piano Solo ___

Arts & Communications Puppetry ___

Arts /Crafts ___ Vocal Solo ___

Band ___ Vocal Group (<6) ___

Digital Media ___ Vocal Choir (6 or more) ___

Drama ___ Writing/ Poetry ___

Interpretive Worship ___

Insurance Info (Please check if applicable)

"I do not have Medical Insurance." ___

This registrant is covered under a current health insurance policy, which will be in effect during the event. Use the following information in case of emergency:

Name of Health Insurance Co. _____

Health Insurance Policy No. _____

****I have special physical/medical needs, or allergies.**

They are _____

Current prescription medication _____

Each student registrant must have his/her parent/guardian sign this release. Each adult registrant must sign the release him/herself.

I agree to abide by all the rules set forth by the New England District Nazarene Youth International

Registrant's Signature _____

"Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation at the New England Festival of Life District event. I will hold harmless the host church/institution, as well as the New England District Nazarene Youth International, for all claims made and liabilities assessed against them as a result of a registrant's activities. Further, in case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, or if I, the below signed registrant am 18 years of age or older, I hereby give New England District Festival of Life Staff and the New England District Nazarene Youth International permission to act on my behalf in seeking medical treatment in the event that such treatment is deemed necessary or advisable for the registrant's health, safety, and welfare. I give permission to those administering medical treatment to do so, using the measures deemed necessary. I release the host church/institution of the Nazarene and the New England District Nazarene Youth International and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume risk and financial responsibility for any injury resulting from the registrant's activities.

-- I understand and agree with the terms listed above:

Signature _____

Print Name _____

Check appropriate description:

___ Parent ___ Guardian ___ Registrant over 18

Emergency Contact Information:

AM Phone _____ PM Phone _____

Cell Phone _____

Emergency Contact _____

AM Phone _____ PM Phone _____

Cell Phone _____

Physician's Name _____

AM Phone _____ PM Phone _____

**BEFORE OCT 31, SEND COMPLETED REGISTRATIONS WITH PAYMENT MADE OUT TO "NEDNYI", (NO CASH PLEASE)
MAIL TO: Phil Nase, 37 E. Elm Ave, Quincy, MA 02170;
ANY OTHER F.O.L. QUESTIONS OR CONCERNS? Email Phil Nase at PHIL.NASE@WCONAZ.ORG**