

Celebrate Life Registration Form

BASKETBALL TEAM

- Boys Basketball Team Tryouts
- Girls Basketball Team Tryouts

VOLLEYBALL TEAM

- Boys Volleyball Team Tryouts
- Girls Volleyball Team Tryouts

HOT SHOT

- Yes, I will be trying out for the Hot Shot team.

HOME RUN DERBY

- Yes, I will try out for the Home Run Derby team.

FREE THROW TEAM

- Yes, I will be trying out for the Free Throw team.

CO-ED SOCCER

- Yes, I will be trying out for the soccer team.

GOLF

- Female Male

TENNIS TEAM

Yes, I will be trying out for the tennis team

at Regional Celebrate Life

- Early Youth Female
- Early Youth Male
- Senior Youth Female
- Senior Youth Male

5 K RUN

- Yes, I will be running the 5K at ONU

BOWLING (Add'l cost \$9.00)

- Yes, I will be trying out for the bowling team.

TABLE TENNIS

- Singles
- Mixed Doubles
- Your Partner _____

PARENTAL PERMISSION & WAIVER OF LIABILITY

I hereby give authority to Rev. Ryan Garner, who is the NYI President of the NWIL District, 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 and the Celebrate Life Staff 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 any other facility that is rented for the purpose of Celebrate Life responsible for accident, injury, or theft. My son/daughter has my permission to attend the District Celebrate Life Retreat on March 7-8, 2008. I understand that as I have registered my child to participate in the District Celebrate Life Retreat, that I am granting permission for pictures taken during the event to be used in further promotions of District events or on the NWIL web page .

(Parent or Guardian Signature)

(Date)

Home Phone _____

Work Phone _____

Emergency Contact Person _____ Emergency Phone _____

Insurance Company _____

Policy Number _____

The Insurance Information MUST be filled in for you to participate. If you don't have any insurance, please put None.

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 NYI Council and the Celebrate Life Committee. I am fully aware that failure to do so will result in disciplinary action.

(Signature of Teen Attending the Retreat)

(Date)