

# ILLINOIS DISTRICT Celebrate Life Individual Registration Form

# \_\_\_\_\_

(Please PRINT and complete ALL information)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (     ) \_\_\_\_\_

Age: \_\_\_\_\_ District: ILLINOIS

Grade: \_\_\_\_\_ Local Church \_\_\_\_\_

Yr. Of Graduation: \_\_\_\_\_ Sex:    M    F

T-Shirt size : \_\_\_\_\_

Roommate Preference: \_\_\_\_\_

I am a: \_\_\_\_\_ Participant    \_\_\_\_\_ Spectator    \_\_\_\_\_ 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 Arts: Instrumental**

(Circle One)  CD     Live Accompanist  
 Solo Duet     Name: \_\_\_\_\_  
 Trio    Instrument(s): \_\_\_\_\_  
 Partner(s): \_\_\_\_\_  
 Keyboard Solo     Piano     Organ

Ensemble     CD     Live Accompanist  
 (4 to 11)          
 Ensemble Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

Band     CD     Live Accompanist  
 (12 or more) Band Name: \_\_\_\_\_  
 Praise Band  
 Band Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

**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)

E. **Musical Arts: Vocal**

Solo     CD     Live Accompanist  
 Duet         Name: \_\_\_\_\_  
 Partner: \_\_\_\_\_ Name: \_\_\_\_\_  
 Trio          
 Partner(s) \_\_\_\_\_ Name: \_\_\_\_\_  
 Ensemble          
 (4-11)    Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Choir          
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Dist. Choir/          
 Impact Team    Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Nazarene Idol Finalist (top two)

F. **Communications/Video**

Creative Writing     Bible Exposition     Speech/ Reading     Video (Individual)  
 Dance  
 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, bb, and golf 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    Men's    Women's    Mixed Doubles  
 Tennis    Men's    Women's    Mixed Doubles  
 Volleyball (District Team)  
 5K Run  
 Home Run Derby    Early Youth    Senior Youth    M    F  
 Coed Soccer (District Team)  
 Dodgeball

**Central Field 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 \_\_\_\_\_, who is the NYI President of the \_\_\_\_\_ 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, 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: \_\_\_\_\_

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**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)

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**Celebrate Life Package Deal**

The cost of the Package deal is **\$125** (A), which includes:

- Lodging - for two 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: \_\_\_\_\_

Celebrate Life begins with registration at 8:30-10:30 A.M. in the Centennial Chapel on Thursday, May 12. An opening ceremony will begin promptly at 10:30 A.M. Late registrants may proceed to the tiger den following the ceremony. Celebrate Life will conclude at 12:30 P.M. on Saturday, May 14.