

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

**LOOK FOR EVENT RULES AND INFORMATION AT [www.mnu.edu/max](http://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)

**PREACHING**

\_\_\_\_ Preaching

**DRAMA:**

\_\_\_\_ Spoken Word  
\_\_\_\_ Monologue  
\_\_\_\_ Sketch

**DRAMA: Creative Arts**

\_\_\_\_ Mime/Human Video  
\_\_\_\_ Sticks  
\_\_\_\_ Color Guard  
\_\_\_\_ Sign Language

**WORSHIP BAND**

\_\_\_\_ Small (2 or more)  
Worship Band Name \_\_\_\_\_

**INSTRUMENTAL MUSIC**

\_\_\_\_ Instrumental Solo  
Name of piece \_\_\_\_\_  
\_\_\_\_ Keyboard Solo  
Name of piece \_\_\_\_\_

**DANCE: CREATIVE ARTS**

\_\_\_\_ Dance

**PHOTOGRAPHY**

\_\_\_\_ Portrait  
\_\_\_\_ Architecture  
\_\_\_\_ Land/Sea Scape

**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

**THURSDAY NIGHT OPTIONS**

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

**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

**Fee:** \$60 Teen Entrant (regional registration) includes all events, Speaker, Band, shirt, awards and food (Friday Lunch, Friday Dinner, Sat. Brunch) (Housing Separate)  
\$40 Adult Chaperone

**Location:** MidAmerica Nazarene University  
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!

**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:** \_\_\_\_\_ **County of:** \_\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_ **My Commission expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*NOTARY SEAL\*\*\*\*\* (If your District Requires it.)