

Festival of Life Registration Form

Total Cost: \$260 per student. Payments: 1st Payment \$100 due Jan. 21., 2nd Payment \$100 due February 21 Final Payment \$60 due March 13.

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____ Yr. of Graduation _____
Email _____ Age _____

Shirt Size: (Please Circle) Adult: S M L XL XXL

**Please indicate which of the following describes you:
Check all the apply**

___ Male ___ Female ___ Student ___ Adult Leader
___ Sr. Pastor ___ Youth Pastor

If participating in competition, please list event(s) below; list only events for which you have been selected by your district to participate.

Event _____ Event _____
Event _____ Event _____
Event _____ Event _____

Ministry To Others (MTO) Projects: While at FOL, I would like to participate in a Ministry To Others (Service) Project. If you wish to participate in a MTO, you MUST indicate your time frame of choice below.

___ Friday, 9:00am-12:00pm (Note: This will conflict with soccer competition)

___ Saturday, 2:00-5:00pm (Be sure this time frame is clear with your district director.)

Visit with ENC Enrollment Counselor:

___ While I am at FOL, I would like to arrange for an appointment with my ENC Enrollment Counselor.

Pastor's Approval:

This registrant will attend at least five Sunday services or youth group meetings within the six weeks prior to Regional FOL. **Your signature indicates recommendation of this student to the FOL Program.**

Pastor's Signature _____

Church _____

Checks: Payable to Maine NYI
Mail to : Sharon Cook
43 West Elm St
Yarmouth, ME 04096

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 _____

Rule Acknowledgment:

I agree to abide by all the rules set forth by Eastern Nazarene College and the District and Regional NYI. I understand I may be sent home immediately at my family's expense if I fail to abide by these rules.

Registrant's Signature _____

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

"Having been made aware of the activities the registrant will be doing, I hereby consent to the registrant's participation in Festival of Life. I indemnify, defend, and hold harmless Eastern Nazarene College, as well as the District and Eastern Region 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 Eastern Nazarene College and the District and Regional 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 Eastern Nazarene College and the District and Regional 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."

Check appropriate description:

___ Parent ___ Guardian ___ Registrant over 18

Parent Signature _____

Print Name _____

Best Phone to contact you _____

Secondary Emergency Contact _____

Best phone to Contact _____

Physician's Name _____

Phone _____

