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**Empower TEEN ENTRANT & SPECTATOR REGISTRATION FORM – PART I**

**LOOK FOR EVENT RULES AND INFORMATION AT THE EMPOWER HANDBOOK**

(Please **LEGIBLY** **PRINT** all information)

**(Please fill out pre registration prior to event and bring your money and applications to Nick Sprague at the time of event)**

**Dates: March 8-9, 2023 Location:** Fort Scott High School

**Fee**: **$20** Teen Entrant 1005 S. Main Street Fort Scott Kansas 66701

 **$20** Adult Chaperone

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (city) (state) (zip code)

Cell phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduation Year: \_\_\_\_\_\_

 **ENTRANT INFORMATION** (Check one) \_\_\_\_\_ **Junior High** (Grade 8 and below) Teen Entrant

 \_\_\_\_\_ **Senior High** (Grade 9 and up) Teen Entrant

 \_\_\_\_\_**Adult Chaperone**

**THIS EMPOWER EVENT IS SPONSORED BY THE JOPLIN DISTRICT NAZARENE YOUTH INTERNATIONAL.** YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT EMPOWER FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE EMPOWER REGISTRATION OFFICE TO BE RETAINED DURING EMPOWER.

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 EMPOWER. 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 Empower 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 Empowerwill 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 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 Empower. All Covid – 19 policies will be followed according to CDC and Greene County guidelines. **NOTE:** Valuables should be left at home!

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RULE:** See MAX@MNU Handbook, pg. 5-8, for Liberal Arts Requirements. Students are allowed a maximum of ONEtournament style event. **Individual Sports or Nightly Options listed below are not counted toward this limitation. Please circle or highlight the category you are competing in and then list the name of your team, piece, or group name at the bottom of the page on the line.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Fine Arts:** | **Instrumental Music** | **Vocal:** | **Preaching:** | **Creative Writing** | **Drama** | **Worship Band** | **Creative Art** | **Photography** |
|  | Keyboard Solo | Vocal Solo | Preaching | Non Fiction/Fiction | Dance | Worship Band (2 or more) | Dance | Portrait |
|  | Instrumental Solo | Vocal Small Ensemble(2-4) |  | Poetry | SignLanguage |  | Oil/ Acrylic | Land/Sea Scape |
|  |  | Vocal Ensemble (5 and up) |  |  | Color Guard |  | Chalk/Pastels | Architecture |
|  |  |  |  |  | Human Video/Mime |  | Pencil |  |
|  |  |  |  |  | Sticks |  | Pen/Ink |  |
|  |  |  |  |  | Spoken Word |  | Jewelry |  |
|  |  |  |  |  | Monologue |  | Sculpture |  |
|  |  |  |  |  | Sketch |  | Ceramics |  |
|  |  |  |  |  |  |  | Water Color |  |

**Piece Name or Group name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Athletics:** | **Individual Sports** | **COED Sports** | **Basketball** | **Volleyball** |
|  | 5k (Sat Morning) | Soccer(Sat) | JH Girls(Fri & Sat) | JH Girls(Fri & Sat) |
|  | 3 Point Shot (Fri) | 7 on 7 Football (Sat) | JH Boys(Fri & Sat) | HS Girls(Fri & Sat) |
|  | Frisbee Golf (Sat) | Spikeball (Fri) | HS Boys(Fri & Sat) |  |
|  |  | JH Dodgeball (Sat) | HS Girls(Fri & Sat) |  |
|  |  | HS Dodgeball(Sat)  |  |  |

 **Team name and Players:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_