



FALL FUSION REGISTRATION FORM – PART I
November 7-8, 2014 East Iowa Bible Camp, Deep River, Iowa
(Please **PRINT** all information)



Name: _____

Address _____

(Street)

(city)

(state)

(zip code)

Home phone: (____) _____ Cell phone: (____) _____ Date of Birth ____ / ____ / ____

Age: _____ Grade in School: _____ Anticipated Year of High School Graduation: _____

Church: _____ E-Mail Address: _____

(Check one) ____ Teen (\$50) ____ Adult Chaperone (\$50)

INFORMATION

GENDER

- ____ Male
- ____ Female

AGE LEVEL

- ____ Early Youth (Grade 8 and below)
- ____ Senior Youth (Grade 9 and up)

You may enter up to three events

CREATIVE WRITING

- ____ Fiction
- ____ Poetry

ART

- ____ Oil/Acrylic, Water, Pencil, Pen/Ink, Chalk/Pastels
- ____ Still Photography
- ____ Creative Art (Jewelry, sculpture, ceramics, etc.)

PREACHING

- ____ Preaching

SPEECH

- ____ Persuasive Speech

DRAMA: General

- ____ Monologue
- ____ Sketch

VOCAL MUSIC

- ____ Vocal Solo
- ____ Vocal Small Ensemble (2-4)
- ____ Vocal Ensemble (5-up)

DRAMA: Human Video

- ____ Mime/Human Video Solo
- ____ Mime/Human Video Group

INSTRUMENTAL MUSIC

- ____ Instrumental Brass Solo
- ____ Instrumental Woodwinds Solo
- ____ Instrumental Strings Solo
- ____ Instrumental Percussion Solo
- ____ Keyboard Solo
- ____ Instrumental Ensemble

DRAMA: Creative Arts

- ____ Sticks
- ____ Color Guard
- ____ Dance

WORSHIP BAND

- ____ Small (2 or more)

T-SHIRT DESIGN

- ____ Yes

SINGER/SONGWRITER

- ____ Singer/songwriter

Fall Fusion Forms are due **October 10th**
All late registrations will have a late fee of \$10

Please mail forms to:
Eastside Church of the Nazarene
ATTN: Pastor James Gauer
1451 E. 25th Street
Des Moines, IA 50317

_____ is a member of the local NYI. _____
(Participant's name) (Pastor or Local NYI President's Signature)

REGISTRATION FORM – PART II

YOUTH SPONSORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT MAX FOR ANY MEDICAL EMERGENCIES. THIS ORIGINAL FORM MUST BE SUBMITTED BY YOUR DISTRICT COORDINATOR 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 # _____

PARENTS: I hereby give authority to Dave McGaffey, who is the NYI President of the Iowa District 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 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 agree to release and hold harmless any and all staff and lay assistants of the Iowa District NYI or 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 Fall Fusion. **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 _____ 2013,
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*****

