



# NWO District 2012

Give this completed form to your BLAST CAPTAIN  
Your BLAST CAPTAIN will enter your information in the on line registration system

PLEASE CHECK ONE

Participant

Spectator

Adult

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Local Church: \_\_\_\_\_ District: \_\_\_\_\_ **NWO**

For participants: check all events being participated in

Male

Female

Early Youth

Senior Youth

Grades:

(6th to 9th)

(10th to 12th)

### VOCAL MUSIC

- Solo
- Duet
- Ensemble(3-9)
- Choir (10+)
- Praise Band
- Christian Band

### INSTRUMENTAL MUSIC

- Instrumental Solo
  - Instrumental Solo Original Performance
  - Instrumental Ensemble Orig. Performance
  - Keyboard Solo
- WRITING**
- Prose\*\*
  - Poetry\*\*

### CREATIVE MINISTRIES

- Puppets (Groups only)
- Drama (at least 2 people in group)
- Preaching
- Human Video {  solo  2-4  5+ }

### TOURNAMENT EVENTS

- Team Dodgeball\*\*\*
- Team Volleyball\*
- Team Basketball\*
- Team Soccer\*
- Table Tennis
- Chess
- Tennis—Singles

### INDIVIDUAL SPORTS

- Basketball Hotshot
- Benchpress
- 5K Run

### MATH

- Math Test

### ARTS & CRAFTS

- Crafts
- Drawing
- Painting
- Photography
- Digital Assist. Photo.
- Videography
- T-Shirt Design

Early Registration Deadline

February 16, 2012

Spectators - \$10 Participants - \$20

Regular Registration Deadline

March 1, 2012

Spectators - \$20 Participants \$30

Late Registration Deadline

March 12, 2012

Spectators- \$25 Participants \$35

\* If your church is unable to field an entire sports team, you will be assigned to a team by the BLAST Director.

\*\*Prose, Poetry, and Videography entries must be submitted by mail **POSTMARKED NO LATER THAN MARCH 12, 2012.**

\*\*\*Dodgeball is only a District BLAST event this year.



**Kevin Reed**  
BLAST Event Director

**Alex Connell**  
Assistant BLAST Director

**Jessica Myers**  
Assistant BLAST Director

**Teresa Borton**  
Pre-Registration/Administration

Questions? [kgreed08@gmail.com](mailto:kgreed08@gmail.com)



# NWO District 2012

## BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM

Required for each participant and adult sponsor.

Each attendee **MUST** complete the following Medical & Civil Liability Release Form. For those participants under the age of 18, the parent or legal guardian **MUST** sign.

Signed copies of this form **MUST** be returned with registration information. Individual registration is not complete unless the Medical & Civil Liability Release Form is on file with your district NYI.

### FOR EVERYONE:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

### FOR YOUTH:

Parent/Guardian's Name \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### FOR YOUNG ADULT & ADULT PARTICIPANTS:

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at BLAST 2012.

\_\_\_\_\_

List any medications you are allergic to: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any medical conditions or activity limitations: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I, \_\_\_\_\_ the legal guardian of \_\_\_\_\_ authorize the

Parent/Legal Guardian

BLAST 2012 Participant

leadership of BLAST 2012 to care for the administration of general first aid treatment for any minor injuries received to my child during the event.

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of BLAST 2012 or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that BLAST 2012 will require my son/daughter to make choices and 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 staff and lay assistants of Nazarene Youth International Ministries, the General Church of the Nazarene, Mount Vernon Nazarene University, and/or BLAST 2012 from any and all claims, suits, costs and actions, of any kinds whatsoever, arising from their exercise of the power granted by this authorization.

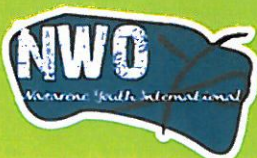
This liability release is valid during BLAST 2012, June 14-16, 2012 as well as during the \_\_\_\_\_ District BLAST event being held \_\_\_\_\_ 2012.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date

Student is covered by group or medical insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information: NAME OF INSURED: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_



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