

FIELD *BLAST* REGISTRATION FORM - 2023

Only for use in communicating to your BLAST leader. Field BLAST (June 1-3) registration must be done online at blast.mvnu.edu.

Please check one: Participant (grade 6-12) Adult

NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** ___ **ZIP:** _____

PHONE: _____ **DATE OF BIRTH:** __/__/____ **GRADE:** ____ **GENDER:** Male Female

LEVEL Middle School (GR6-8) High School (GR9-12) **Adult T-shirt Size:** S M L XL 2X 3X 4X

LOCAL NAZARENE CHURCH (Church Name & City): _____

DISTRICT: EO EKD NCO NWO SCO SWO WVN WVS

Circle One: YES / NO “I am participating in at least one of the events below that requires pre-registration.”

(Blank lines to the side of categories below are for group/team name)

Christian Communication *(limit of 3 entries in this column)*

Vocal Music

- _____ Vocal Solo
- _____ Vocal Duet (_____)
- _____ Vocal Ensemble (_____)
- _____ Vocal Choir (_____)
- _____ Praise Band (_____)
- _____ Christian Band (_____)

Instrumental Music

- _____ Instrumental Solo _____ Piano Solo
- _____ Instrumental Solo Original Performance
- _____ Instrumental Ensemble

Writing

- _____ Prose _____ Poetry

Creative Ministries

- _____ Sign Language (**open at Field BLAST**)
(group/name: _____)
- _____ Drama (_____)
- _____ Puppets (_____)
- _____ Human Video
(group/name: _____)
- _____ Preaching
- _____ Choreographed Worship
(group/name: _____)

Art & Crafts

- _____ Crafts
- _____ Drawing
- _____ Painting
- _____ Photography
- _____ Digital-Assisted Photography
- _____ Videography: Short Subject

Variety

- _____ Variety (**open at Field BLAST**)
(group/name: _____)
- (talent: _____)

Athletics / Games

- _____ Tennis - Singles (**open at Field BLAST**)
- _____ 5K Run (**open at Field BLAST**)
_____ Beginner _____ Advanced
- _____ Basketball Hot Shot
- _____ Table Tennis (Ping-Pong)
- _____ Chess
- _____ Basketball Team (_____)
- _____ Soccer Team (_____)
- _____ Volleyball Team (_____)
- _____ Bowling Team (_____)

Math

- _____ Mathematics (**open at Field BLAST**)

FIELD BLAST Fee Packages: *please check all that apply*

<input type="checkbox"/> Participant (GR 6-12) Registration	\$60.00	<input type="checkbox"/> Adult Registration	\$30.00
<input type="checkbox"/> Participant (GR 6-12) Campus Housing	\$25.00	<input type="checkbox"/> Adult On-Campus Housing	\$15.00
<input type="checkbox"/> Participant (GR 6-12) Café Meal Package	\$35.00	<input type="checkbox"/> Adult Café Meal Package	\$35.00

Total Fees = \$ _____ (Payment goes to your district leader. Check with him/her on who to make checks payable to)

BLAST MEDICAL & CIVIL LIABILITY RELEASE FORM - 2023

Required for each participant and adult leader.

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) _____ (MI) _____
Address _____ City _____ St _____ Zip _____
Date of Birth _____ Gender _____

FOR PARTICIPANTS:

Parent/Guardian's Name _____
Phone # (Cell) _____ (Home or Work) _____

FOR ADULTS:

Emergency Contact _____ Relationship _____
Phone # (Cell) _____ (Home or Work) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at **BLAST** 2022.

List any medications you are allergic to: _____

Date of last tetanus shot: _____

List any medical conditions or activity limitations: _____

Doctor's Name _____ Phone # (_____) _____

"I, _____, legal guardian of _____, authorize the
Parent/Legal Guardian *BLAST 2022 Participant*
leadership of **BLAST** 2022 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** 2022 or its representative to summon any and all professional emergency personnel to attend, transport, treat my child.

I understand **BLAST** 2022 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. Unless there is negligence on the part of any staff or lay assistants of Nazarene Youth International Ministries, the General Church of the Nazarene, Mount Vernon Nazarene University, and/or **BLAST** 2022, 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** 2022 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 Field **BLAST** 2022 (June 9-11, 2022) as well as during the _____ District **BLAST** event being held _____ 2021/2022."

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 #: _____

