

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

_____ Participant (GR 6-12) Registration	\$60.00	_____ Adult Registration	\$30.00
_____ Participant (GR 6-12) Campus Housing	\$25.00	_____ Adult On-Campus Housing	\$15.00
_____ Participant (GR 6-12) Café Meal Package	\$35.00	_____ 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** 2023.

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** 2023 Participant
leadership of **BLAST** 2023 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** 2023 or its representative to summon any and all professional emergency personnel to attend, transport, treat my child.

I understand **BLAST** 2023 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** 2023, 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** 2023 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** 2023 (June 1-3, 2023) as well as during the _____ District
BLAST event being held _____ January 27th & 28th 2023"

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 #: _____



Group Leader: _____

Contact Phone #: _____

Contact Email: _____

Date Sent: _____ Check #: _____ Total: _____

Send to: *William Jessop ~ 633 S. Main St. Columbiana, Ohio 44408*



Contact Email: _____

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