

# Festival of Life Registration Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_  
Email \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size: (Please Circle) Adult: S M L XL XXL

**Please indicate which of the following describes you:  
Check all the apply**

Male  Female  Student  Adult Leader  
 Sr. Pastor  Youth Pastor

If participating in competition, please list event(s) below;  
list only events for which you have been selected by your  
district to participate.

Event \_\_\_\_\_ Event \_\_\_\_\_  
Event \_\_\_\_\_ Event \_\_\_\_\_  
Event \_\_\_\_\_ Event \_\_\_\_\_

**Ministry To Others (MTO) Projects:** While at FOL, I  
would like to participate in a Ministry To Others (Service)  
Project. If you wish to participate in a MTO, you MUST  
indicate your time frame of choice below.

Friday, 9:00am-12:00pm (Note: This will conflict  
with soccer competition)

Saturday, 1:30-4:30pm (Be sure this time frame is  
clear with your district director.)

**Visit with ENC Enrollment Counselor:**

While I am at FOL, I would like to arrange for an  
appointment with my ENC Enrollment Counselor.

**Pastor's Approval:**

This registrant will attend at least five Sunday services or  
youth group meetings within the six weeks prior to  
Regional FOL. **Your signature indicates  
recommendation of this student to the FOL Program.**

**Pastor's Signature** \_\_\_\_\_

Church \_\_\_\_\_

This registrant is covered under a current health  
insurance policy, which will be in effect during the event.  
Use the following information in case of emergency:

Name of Health Insurance Co. \_\_\_\_\_

Health Insurance Policy No. \_\_\_\_\_

**\*\*I have special physical/medical needs, or allergies.**

They are \_\_\_\_\_

Current prescription  
medication \_\_\_\_\_

**Rule Acknowledgment:**

I agree to abide by all the rules set forth by Eastern  
Nazarene College and the District and Regional NYI. I  
understand I may be sent home immediately at my  
family's expense if I fail to abide by these rules.

**Registrant's Signature** \_\_\_\_\_

Each student registrant must have his/her parent/  
guardian sign this release. Each adult registrant must  
sign the release him/herself.

"Having been made aware of the activities the registrant  
will be doing, I hereby consent to the registrant's  
participation in Festival of Life. I indemnify, defend, and  
hold harmless Eastern Nazarene College, as well as the  
District and Eastern Region Nazarene Youth International,  
for all claims made and liabilities assessed against them  
as a result of a registrant's activities. Further, in case of  
emergency, I understand that every effort will be made to  
contact parents or guardians of minor registrants.  
However, if parents or guardians cannot be reached, or if  
I, the below signed registrant am 18 years of age or  
older, I hereby give Eastern Nazarene College and the  
District and Regional Nazarene Youth International  
permission to act on my behalf in seeking medical  
treatment in the event that such treatment is deemed  
necessary or advisable for the registrant's health, safety,  
and welfare. I give permission to those administering  
medical treatment to do so, using the measures deemed  
necessary. I release Eastern Nazarene College and the  
District and Regional Nazarene Youth International and  
all medical providers from liability in acting on my behalf  
in this regard and rendering such medical treatment. I  
assume risk and financial responsibility for any injury  
resulting from the registrant's activities."

Check appropriate description:

Parent  Guardian  Registrant over 18

**Parent Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_