

MAX 2009

Shirt Size
S M L XL XXL XXXL
Circle One

MidAmerica Xtreme
on the campus of MidAmerica Nazarene University
April 16-18, 2009

Cost: \$40 per participant for up to 3 events (maximum 1 team-bracketed event); \$20 per student spectator.
This non-refundable fee includes admittance to all activities. This fee includes a district T-shirt.

REGISTRATION FORM

Name: _____ Birthdate: _____ Grade: _____ [] Male [] Female

Street Address: _____ Home Phone () _____

City: _____ State: _____ Zip Code: _____

District: _____ Church: _____ E-mail: _____

Spectators:

- Student Spectator (\$20.00 fee)
- Adult Spectator/District Sponsor

Bible Quizzing (team bracketed-event):

- A Team
- B Team
- Coach

Athletics: [] Junior High [] Senior High

- * Men's Basketball [] A Team [] B Team (Senior High Only)
- * Men's Basketball (Junior High)
- * Women's Basketball (5on5)
- Three Point Contest
- * Women's Volleyball
- * Dodgeball
- * Flag Football - 7on7
- * Soccer
- Bowling
- Table Tennis
- Skateboarding
- Coach

*Team-bracketed event

JUNIOR HIGH -- 7th & 8th Grade

SENIOR HIGH -- 9th thru 12th Grade

Talent: [] Junior High [] Senior High

Were all pieces performed/displayed in local church [] Yes [] No

[] ART: (1entry = 1 event)

[] Category: _____
Name of Piece: _____

[] VOCAL

[] Solo [] Male [] Female
[] Small Ensemble (2-4) [] Large Ensemble (5 & up)
Group Name: _____
Name of Piece: _____

[] DRAMATIC ARTS

[] Original Speech/Oral Interpretation Type: _____
[] Mime/Drama [] Puppets
Group Name: _____
Name of Piece: _____

[] CREATIVE ARTS

[] INSTRUMENTAL

[] Solo [] Ensemble
Group Name: _____
Name of Piece: _____

[] KEYBOARD

[] Solo [] Ensemble
Group Name: _____
Name of Piece: _____

[] ORIGINAL COMPOSITION

[] Vocal [] Instrumental [] Creative Writing
Name of Piece: _____

[] WORSHIP BAND

[] Group Name: _____
Name of Piece: _____

[] VIDEO PRODUCTION

[] WEB DESIGN

RULES

1. All registrants have 12:00 midnight curfew at the MAX event with the exception of those who may be actively involved in sanctioned MAX activities at the time.
 2. I realize that to participate in MAX, I must be attending a Nazarene Church regularly prior to the event (60 days).
 3. I agree to abide by all guidelines and policies of the North Central Regional NYI for MAX and also agree to conduct myself in a manner that pleases God, my family, and my church. I will adhere to the Code of Conduct and policies of Mid America Nazarene University and will attend the Friday chapel, the evening services, and the competition events.
- I agree to these statements and guidelines and all others set forth by the Regional and District NYI.

REGISTRANT'S SIGNATURE _____

PASTOR'S REFERENCE

The registrant has been a regular attendee of our local youth ministries and/or services of our Nazarene Church over the last 60days.

PASTOR'S/Youth Pastors SIGNATURE _____

CHURCH _____

*Remember to get this signed form and Medical/ Liability Release to your District coordinator. Registration deadline for each District to have forms in to MNU is March 27th, 2008. No registrations will be taken after that date. Make checks payable to your District NYI. Mailing information and due date for your district is to the right. →

MAIL TO YOUR DISTRICT COORDINATOR AT:
James Keezer
1045 Fairhill Drive
Neosho, Missouri 64850

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, of _____, _____
(Name of parent or guardian) (City) (County)

_____ am the [] father, [] mother [] legal guardian (check one) of _____
(State) (Name of minor child)

a minor of _____, _____, _____ of whom I have full
(City) (County) (State)
custody and control, who will be attending MAX on the campus of MidAmerica Nazarene University, City of Olathe, County of Johnson, State of Kansas.

I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, herby authorizing the North Central Regional Nazarene Youth International or Dr. Ed Robinson or other assigned employee or administrator of MidAmerica Nazarene University to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance.

The following information is given relative to said child’s medical history:

Allergies: _____

Medications being taken: _____ Date of Last Tetanus shot: _____

Physical Impairments: _____ Other pertinent facts to which physicians should be alerted: _____

Insurance Company: _____

Policy Number: _____ Dated this _____ day of _____ (month)

20_____ at _____
(City and State)

Signature of parent or guardian: _____

RELEASE OF ALL CLAIMS

Release made this _____ day of _____, 20____ by _____,
(Day) (Month) (Year) (Name of Parent or Guardian)

of _____, _____, _____
(City) (County) (State)

as [] parent [] legal guardian (check one) of _____
(Name of Minor child)

In consideration of permission granted by [] child [] ward (check one) by North Central Regional Nazarene Youth International and MidAmerica Nazarene University, a nonprofit corporation, 2030 East College Way, City of Olathe, County of Johnson, State of Kansas, to participate in MAX, I hereby release and discharge North Central Regional Nazarene Youth International and MidAmerica Nazarene University, its agents, executors, administrator, or assigned employee may have, or claim to have against North Central Regional Nazarene Youth International and MidAmerica Nazarene University, is successors or assigned employee, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the above described MAX to be held on the campus and the surrounding area of MidAmerica Nazarene University.

I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release as parent or guardian of the above child as stated above.

Signature of parent or guardian: _____