

**TALENT AND SPORTS EXPLOSION / TNT**  
**REGISTRATION FORM – PART I**  
(Please **PRINT** all information)

**District:** EAST TENNESSEE

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

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_

(city) (state) (zip code)

Phone: (\_\_\_\_) \_\_\_\_\_      **Date of Birth** \_\_\_\_\_      **Age:** \_\_\_\_\_  
Grade in School: \_\_\_\_\_      **Anticipated year of High School Graduation:** \_\_\_\_\_  
Social Security Number: \_\_\_\_\_      Home Church: Maryville 1<sup>st</sup> \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Teen Entrant    \_\_\_\_\_ Teen Spectator (Check one)

**TEEN ENTRANT INFORMATION**

<u>GENDER</u>	<u>AGE LEVEL</u>	<u>AGE LEVEL IN INDIV. SPORTS</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Early Youth (Grade 9 and below)	<input type="checkbox"/> Junior High (ages 12-13)
<input type="checkbox"/> Female	<input type="checkbox"/> Senior Youth (Grade 10 and up)	<input type="checkbox"/> Middle High (ages 14-15)
		<input type="checkbox"/> Senior High (ages 16-19)

**NOTE:** Entrants can compete in no more than **THREE** categories, including a maximum of **TWO** tournament (\*) style event. **Entrants who compete in Bible Quizzing may not compete in any other Tournament events.** Display events (art, creative writing, video production) and participation in vocal choir are not counted toward this limitation.

BIBLE QUIZZING

\* "A" League Quizzing  
 \* "B" League Quizzing

CREATIVE WRITING

Prose  
 Poetry

INSTRUMENTAL MUSIC

Instrum. Brass Solo  
 Instrum. Woodwinds Solo  
 Instrum. Strings Solo  
 Instrum. Percussion Solo  
 Keyboard Solo  
 Instrum. Group

ART

Oil/Acrylic  
 Water  
 Pencil  
 Pen/Ink  
 Chalk/Pastels  
 Mixed Media  
 Still Photography  
 3-D Art

SPEECH

Oral Interpret.  
 Impromptu  
 Original Oratory

INDIVIDUAL SPORTS

\* Tennis  
 \* Table Tennis  
 Swimming  
 5K Cross Country Run  
 Golf

CREATIVE MINISTRIES

Puppets  
 Video Production  
 Bible Exposition  
 Dramatic Monologue  
 Dramatic Group  
 Pantomime  
 Worship Band  
 Sign Language  
 Interpretive Worship (Demo)

VOCAL MUSIC

Vocal Solo  
 Vocal Duet  
 Vocal Small Group  
 Vocal Ensemble  
 Vocal Choir

TEAM SPORTS (Please include Roster)

\* Co-Ed Softball  
 \* Ladies Basketball  
 \* Ladies Soccer  
 \* Ladies Volleyball  
 \* Men's Basketball  
 \* Men's Beach Volleyball  
 \* Men's Soccer  
 \* Men's Flag Football

**# of Individual Events** \_\_\_\_\_ **# of Events/Tournaments** \_\_\_\_\_ = **Total Events** \_\_\_\_\_

\_\_\_\_\_ is a member of the local NYI. \_\_\_\_\_  
(Participant's name) (Pastor or Local NYI Pres. Signature)

**TALENT AND SPORTS EXPLOSION / TNT  
REGISTRATION FORM – PART II**

**Dates:**

**TALENT EXPLOSION:** *February 3<sup>rd</sup>*  
**SPORTS EXPLOSION:** *March 9<sup>th</sup> & 10<sup>th</sup>*

**TNT:** *April 12<sup>th</sup> – 14<sup>th</sup>, 2007*

**Place:** *Trevecca Nazarene University  
333 Murfreesboro Road  
Nashville, TN 37210  
(615) 248-1320 or (615) 888-210-4TNU*

**THIS TNT EVENT IS SPONSORED BY THE SOUTHEAST REGIONAL NYI IN COOPERATION WITH TNU.  
TNT COORDINATORS MUST RETAIN A COPY OF THIS ORIGINAL RELEASE FORM THROUGHOUT TNT FOR  
ANY MEDICAL EMERGENCIES. THIS ORIGINAL COPY MUST BE SUBMITTED TO TNU BY REGISTRATION  
TO BE RETAINED IN THE TNU CLINIC DURING TNT @ TNU**

Name of Participant: \_\_\_\_\_

**INSURANCE AND MEDICAL INFORMATION  
(All participants must be covered by their own personal insurance.)**

Please list any medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Name of medications & dosage you will be taking: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**TEEN:** I have read the regional Conduct Guidelines and promise to live within these guidelines during TNT @ TNU. I also promise to cooperate with District sponsors and be under their authority. I am aware that failure to so will result in disciplinary action.

\_\_\_\_\_  
(Teen Signature)

**PARENTS:** I hereby give authority to Michael Mayfield, who is the NYI President of the East Tennessee District, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I also recognize the authority of all adult sponsors and the TNT @ TNU staff as those who will supervise this event and uphold proper conduct. The first step of discipline, should such become necessary, will be a warning and instruction. The second will be a telephone call to the parent or guardian concerning the participation of my son/daughter, \_\_\_\_\_. I understand that the event of TNT @ TNU will require my son / daughter to make choices and to 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 and all staff and lay assistants of District/Regional NYI or Trevecca Nazarene University from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence. My son/daughter has my permission to attend TNT @ TNU. **NOTE:** (Valuables should be left at home!).

**Parent/Guardian Signature** \_\_\_\_\_  
(Signature must be in the presence of a Notary public)

**Before me, A Notary Public, in and for said County and State/Province this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_**

**personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing. In Witness**

**Whereof, I have hereunto set my hand and Notary Seal.**

**State/Province of:** \_\_\_\_\_ **County of:** \_\_\_\_\_

**Notary Public Signature:** \_\_\_\_\_

**My Commission expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Seal**