



Name: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Church: \_\_\_\_\_

Mark all appropriate items ( )  
 Student Spectator  
 Adult Spectator/ Sponsor  
 Junior High Participant  
 Senior High Participant

\*Complete team/ ensemble roster must be postmarked prior to Feb. 15, 10.  
 \* Submit separate roster for Junior Hg. And Senior Hg. teams

**Talent:**

**Vocal:** ( ) Solo ( ) Small Ensemble (2-4) ( ) Large Ensemble (5 and up)  
 Group Name: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Dramatic Arts/ Creative Arts:**

( ) Original Speech/ Oral Interpretation ( ) Human Video  
 ( ) Mime/ Drama ( ) Interpretive Dance ( ) Puppets  
 Group Name: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Instrumental:** ( ) Solo ( ) Ensemble  
 Group Name: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Keyboard:** ( ) Solo ( ) Ensemble  
 Group Name: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Worship Band:**  
 Group Name: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Art: (1 Entry = 1 Event)**  
 Category: \_\_\_\_\_ Name of Piece: \_\_\_\_\_

**Original Composition:**  
 ( ) Vocal ( ) Instrumental ( ) Creative Writing  
 Name of Piece: \_\_\_\_\_  
 **Video Production**  
 **Web Design**

**Bible Quizzing:**

( ) Bible Memorization

**Athletics:**

( ) Women's Basketball \*  
 ( ) Three Point Contest  
 ( ) Women's Volleyball \*  
 ( ) Men's Basketball \*  
 ( ) Table Tennis \*  
 ( ) Flag Football \*  
 ( ) Dodgeball \*  
 ( ) Soccer \*  
 ( ) Coach  
 \*Bracketed Event

**( ) I want to compete at MAX which will be held April 15-17, 2010 on the campus of MidAmerica Nazarene University in Olathe, KS.**

*Rule Acknowledgement*

1. I will adhere to the schedule for BLAST and will, to the best of my ability, be on time to events and games.
2. I realize that to participate in BLAST I must be attending a Nazarene Church regularly (no less than 30 days prior to event).
3. I agree to abide by all guidelines and policies of the Missouri District NYI for BLAST and agree to conduct myself in a manner that pleases God. I agree to these statements and guidelines and all others set forth by the Missouri District NYI.

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

*Pastor's Reference*

This registrant has been a regular attendee of our local youth ministries and/or services of our Nazarene Church at least 30 days prior to BLAST.  
 Pastor's Signature \_\_\_\_\_ Church \_\_\_\_\_

Student Registration fee (up to 3 events incl. 1 bracketed) [No fee for spectators]	\$15.00	_____
Tee-shirt: Circle size S M L XL XXL	\$10.00	_____
	<b>Total</b>	_____

**What to include before you submit:**

- Medical/Liability release signed and notarized
- Completed registration form(s)
- One check from each church made out to Missouri District Church of the Nazarene

**BLAST Deadline:** Postmarked no later than **Feb. 15th, 2010**

**Submit All Questions to:**  
 BLAST@HarvesterNazarene.com

**Where to send it:**

Blast Registration  
 Harvester Church of the Nazarene  
 3115 McClay  
 St. Peters, Mo 63376

**Emergency Contact Information and Authorization for Medical Treatment**

Emergency Contact Name: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_,  
(name of parent or guardian) (City) (County)  
\_\_\_\_\_ am the  Father  Mother  legal guardian of \_\_\_\_\_, a minor of  
(State) (Name of minor child)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, of whom I have full custody and control, who will  
(City) (County) (State)

be attending BLAST at North County Christian School, Florissant Valley Com. College and Ferguson Church of the Nazarene. I consent to the necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Missouri District Church of the Nazarene, and its agents, 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 \_\_\_\_\_, 2010 at \_\_\_\_\_,  
(Month) (Day) (City) (State)

Signature of parent or guardian \_\_\_\_\_

**Release of all Claims**

Release made on \_\_\_\_\_, 2010 by \_\_\_\_\_,  
(Month) (Day) (name of parent or guardian)  
of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ as the  Father  Mother  legal guardian  
(City) (County) (State)  
of \_\_\_\_\_.  
(Name of minor child)

In consideration of permission granted to child by Missouri District Church of the Nazarene NYI to participate in BLAST, I hereby release and discharge Missouri District Church of the Nazarene NYI, its agents, executors, administrator, or assigned employee from any grievance I may have, or claim to have against Missouri District Church of the Nazarene NYI, its 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 event, BLAST, to be held at North County Christian School Florissant Valley Com. College and Ferguson Church of the Nazarene.

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 a parent or guardian of the above child as stated above.

**All forms must be notarized  
prior to submission.**

Signature of parent of guardian: \_\_\_\_\_

Signed and sworn before this \_\_\_\_\_ day of \_\_\_\_\_ 2010 by \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_