



SUPER Early Bird registration is \$148 from July 1st – August 4th, 2024.

Early Registration is \$158 from August 5th to September 8th, 2024.

Regular Registration is \$175.00 from September 9th to October 20th, 2024.

(NOTE: there will be no further Registrations accepted after October 20th.)

*\$50 non-refundable deposit is due with every registration

***Deposit must be received within 14 Days of registration**

AGAIN, THERE WILL BE NO REGISTRATIONS AT CHECK-IN

Local Registration with Student and Adult Medical and Liability Release

Name _____ Grade _____

College/Young Adult _____ Gender _____

Address _____

Home Church _____ T- Shirt Size _____

Cell # _____

Parent/Guardian Contact information

NAME _____

Relationship _____
Home phone _____
Cell phone number _____
Work number _____

Health Care Information Necessary for Proper Care and Protection

In order to assist medical personnel in an emergency situation, please provide the following information:

Please state any health Issues or Limitations

Allergies List all medications, dosages, and directions

Family Physician name and phone number

Anything else that we should know

Insurance Information

Primary Name _____ Insurance CO _____
Policy # _____ Group # _____

Authorization for Medical Treatment & Parent/Guardian Permission

In the event I cannot be reached, I authorize and direct any adult Colorado District NYI representative or adult Nazarene Youth International employee or volunteer representing the Church of the Nazarene to make emergency medical decisions for my child. Therefore, I (name of parent or guardian), _____, hereby authorize that emergency medical and/or surgical care may be provided for my son/daughter _____, at my expense.

I also hereby release and discharge the adult Colorado District NYI representative, Colorado District, General Board of the Church of the Nazarene, and its affiliates, along with any other chaperoning adult employees or volunteers of Nazarene Youth International, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of ac/on, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I or my child ever had or may have , arising from or in any way related to my child's participation in

any activities associated in any way during PowerSurge 2024. I have full knowledge as to such activities, and I have full knowledge of the probably risks involved. Except for those limitations named in this health form, I certify that _____ (name of child), is healthy and fit to participate in all such activities.

Further, I acknowledge that the Colorado District NYI, and/or its agents, will be taking photographs and/or videos of the PowerSurge 2023 event and that _____ (student's name) may appear in those photographs and/or videos. I hereby give my permission to Colorado District NYI to utilize event media in all forms and in all manners for marketing, promotional, and future event development.

Signature _____ **Date** _____

Relationship _____