



Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church \_\_\_\_\_ E-Mail \_\_\_\_\_

- Creative Arts
- General
- Architecture
- Portrait
- Sea/Landscape

\*\* All pieces displayed at local church:

**FINE ARTS/PERFORMANCE**

DRAMA Group/Member Names:

- Creative
- Mime/Human Video
- General

Group/Member Names:

- Solo
- Small Ensemble
- Keyboard

Group/Member Names:

- Solo
- Small Ensemble
- Large Ensemble
- Singer/Songwriter
- Worship Band

\*\* All pieces performed at local church:

- Middle School
- High School

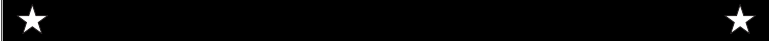
- Middle School
- High School

- Middle School
- High School

- CO-ED Dodgeball

Top 16

- Student Spectator
- Adult Spectator
- Coach
- Church Sponsor



7-on-7 Football and Soccer tryout scrimmages for the MAX teams will take place Friday afternoon. You may choose only ONE of these..

- 7 on 7 Football
- Soccer



1. All registrants have a 12:00 midnight curfew at Extreme with the exception of those who may be actively involved in sanctioned Extreme activities at the time.
2. I realize that to participate in Extreme, I must be attending a Nazarene church regularly prior to the event (45 days).
3. I agree to abide by all guidelines and policies of the Kansas NYI 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 KNYI while attending this event.

This registrant has been a regular attendee of our local youth ministries and/or services of our Nazarene church over the last 45 days.

Youth Leader: Registration will only be accepted online. This form is for your information and records and will make it much easier to register your students online. The Medical and Liability Release form must still be brought with you and turned in when you register for KS Xtreme in Hutchinson (Youth Pastors please keep a copy with you. All entries must be submitted by 11:59PM on 3-15-2018.

Make (1) church check per church payable to Kansas NYI. Mailing information is in box to the right.

For additional information about KS XTREME check out [www.knyi.org/extreme](http://www.knyi.org/extreme)

Please Mail check to:  
Wichita First Nazarene  
c/o Sandy Culver  
1400 E Kellogg .  
Wichita, KS 67211



I hereby give authority to the KNYI and all sponsors and all adult sponsors and Extreme members to grant minor medical attention, or to authorize treatment at any hospital emergency room, in the event of a medical emergency. I also release said named organization(s), and adults from any liability thereof.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_ Emergency Phone Numbers(s) \_\_\_\_\_

Current Prescribed Medication(s) and dosage: \_\_\_\_\_  
\_\_\_\_\_

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

Primary Doctor \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

