

2019-2020 District Fine Arts Festival

Kappa Tau Registration Form

1. REGISTRANT INFORMATION

Registrant Type: KT Participant General Attendee

Name _____ Grade _____ Age _____ Birth Date ____/____/____ Gender at Birth M F
Last First 2019/2020 On 09/01/19

Mailing Address _____
Number Street Apt. City State Zip

Phone Number () - E-mail _____ T-Shirt S M L XL 2XL 3XL
 Check if you do not wish to receive e-mail

I do not give permission for the personal information above to be given to any other AG institution, school, or ministry other than my district office, NYM and National Fine Arts.

2. CHURCH INFORMATION

Name _____
Official Church Name Church City Church State

Sr. Pastor _____ Youth/FA Leader _____ E-mail _____
Last First Last First Leader e-mail REQUIRED for confirmation purposes

Youth/FA Leader Phone Number () - Mailing Address _____
Number Street Apt. City State Zip

3. MEDICAL RELEASE

Registrant's Full Name (Please print.) _____

I assume full liability of hazard and risk for myself (or my child) during the district Festival. I give permission for hospital or medical center staff to administer any necessary treatment immediately to me (or my child) should I (or he/she) be sick or injured during the Festival. I do not hold the district youth ministries nor district Fine Arts nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the Festival.

Medications to which the registrant is allergic: _____

Is there anything in the registrant's medical history staff should be aware of in case of a medical emergency? _____

Emergency Contact _____ Emergency Phone () -
Last First

4. SIGNATURES

REGISTRANT SIGNATURE (required regardless of age) _____ Date ____/____/____

Your signature indicates that you have completely read and understand the 2020 Fine Arts Official Rulebook, guidelines, and medical release and will abide by them.

PARENT SIGNATURE (required for ALL registrants under 18) _____ Date ____/____/____

Your signature indicates that you understand and support your child's involvement in Fine Arts and will abide by all rules, guidelines, and medical release.

PASTOR SIGNATURE (required for ALL Fine Arts Participants) _____ Date ____/____/____

Your signature indicates approval of this student's participation in Fine Arts and confirms he/she attends your Assemblies of God church or youth group.

Please select all categories you wish to register for. Please list complete group information on page 2.

5. FINE ARTS CATEGORY SELECTION

- | | | | | | |
|--|---|--|---|---|---|
| Art Division
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Photography, Digital
<input type="checkbox"/> Photography, Mobile
<input type="checkbox"/> T-Shirt Design
<input type="checkbox"/> Visual Art, Two-Dimensional, Painting and Drawing | Communication Division
<input type="checkbox"/> American Sign Language Solo
<input type="checkbox"/> Short Film
<input type="checkbox"/> Short Sermon
<input type="checkbox"/> Spoken Word | Dance Division
<input type="checkbox"/> Urban Solo
<input type="checkbox"/> Worship Dance Solo
Drama Division
<input type="checkbox"/> Drama Solo
<input type="checkbox"/> Dramatized Quoting
<input type="checkbox"/> Human Video Ensemble
<input type="checkbox"/> Human Video Solo | Instrumental Division
<input type="checkbox"/> Guitar Solo
<input type="checkbox"/> Piano Solo | Vocal Division
<input type="checkbox"/> Rap Solo
<input type="checkbox"/> Songwriting
<input type="checkbox"/> Vocal Solo, Female
<input type="checkbox"/> Vocal Solo, Male
<input type="checkbox"/> Worship Team | Writing Division
<input type="checkbox"/> First Person Essay
<input type="checkbox"/> Poetry |
|--|---|--|---|---|---|

Do not use church name, church city, church state, category name, or category abbreviation in group name(s).

(Group name(s) may use selection or song title, student name(s), character name(s), etc.)

6. GROUP LIST

To ensure that each individual is placed in the correct group(s), please list the members of your group(s) and accompanists.

All group lists must match others in the group.

1. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

2. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

3. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

4. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

5. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

6. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

7. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

8. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

9. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____

10. Group/ Ensemble Name _____

Please use a unique name for each group to avoid confusion

Category _____

Accompanist _____

Members _____
