

# RELENTLESS

Nov. 10-12, 2017

POWER SURGE 2017



## Registration Instructions!

1. Collect registration/release forms and deposits
2. Go to **www.coloradonyi.com** and use the link under PowerSurge to enter registration info for each participant by registration deadline.
3. Send rooming assignment form\* and non-refundable deposits via **1 church check** made out to **CONYI** to:  
Stacey Hassell  
11146 Seton Place  
Westminster, CO 80031  
postmarked by November 2, 2017.  
\*Reminder: you only need to send in the room assignment form with your initial registrations. We will fill in with your later participants accordingly.
5. Collect all final payments from participants.
6. **All Adult Participants** will be required to submit a certification of background (no older than 2 years) check to Troy Teeter (pastortroy@tcfchurch.org) prior to the event or they will not be allowed to participate or stay on the campus.
7. Bring registration/Medical Release forms and final payment to PowerSurge 2017.
8. Check-in will be in the Main Lodge building on November 10th.

## Questions?

**Director:** Ben Beckner (719) 480-1887 ben@valleynazyouth.org  
**District NYI President:** Ed Belzer (719) 351-8353 ebelzer@springsfirst.org

## Information about the location of PowerSurge

YMCA of the Rockies  
<http://www.ymcarockies.org>  
2515 Tunnel Road  
Estes Park, CO 80511  
(970) 586-4444

## Driving Directions from Denver:

I-25 NORTH toward Fort Collins  
Exit at #243 toward Lyons/Longmont  
Turn left on CO-66  
Follow signs for 36 West (go through the towns of Longmont and Lyons)  
Turn left on Elkhorn Ave.  
Turn left on Moraine Ave.  
Continue in the right hand lane around curve (by Big Slide and Doughnut Haus)  
Drive straight through Mary's Lake Rd. Intersection and stay in the left lane.  
US-36 becomes CO-66



Early registration\* is \$115 by November 1st

Late registration\* is \$150 by Nov. 2-9th

**THERE WILL BE NO REGISTERING AT THE DOOR THIS YEAR**

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

### Registration & Student Medical and Liability Release

Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Home Church \_\_\_\_\_ Cell # \_\_\_\_\_

#### Parent/Guardian Contact information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### 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 action, 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 2017. 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, and/or its agents will be taking photographs and/or videos of the PowerSurge 2017 event and that \_\_\_\_\_ 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 \_\_\_\_\_