



Adult Registration Form

Dates: January 7-8, 2022

Place: Western Kentucky University
Bowling Green, KY

THIS TNT EVENT IS SPONSORED BY THE KENTUCKY DISTRICT NYI. THIS ORIGINAL FORM MUST BE SUBMITTED TO THE TNT OFFICE TO BE RETAINED DURING TNT.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Church: _____ Pastor: _____

INSURANCE AND MEDICAL INFORMATION

(All participants must be covered by their own personal insurance.)

Please list any medical problems: _____

Allergies: _____

Surgeries: _____

Name of medications and dosage you will be taking at the time of the event: _____

List any medications you are allergic to: _____

Emergency Phone: _____ Emergency Contact: _____

Insurance Company: _____ Policy #: _____

I hereby give authority to Brad Luke, who is the NYI President of the Kentucky District, to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I agree to release and hold harmless any and all staff and lay assistants of TNT, and of the Kentucky District NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to verifiable negligence.

Signature: _____ Date _____

Yes, I would like to purchase a TNT shirt for \$5