

District Fine Arts

April 17 – 18, 2020

Registration:

- Room and Transportation: \$70
- First Entry: \$24
- Each Additional Entry: \$10 (Ex. 2 entries = \$34.00, 3 entries = \$44.00, 4 entries = \$54.00, etc.)
- Fine Arts t-shirt: \$20 **(Please attach a separate note indicating the size t-shirt you need)**
- Meals will be at your own expense. Please bring enough money to cover four meals (two lunches and two suppers). Continental breakfast is provided at the hotel.

Deadline:

- All forms and payment must be completed and returned to Northview Church no later than **Sunday, March 15, 2020.**
- **Any registration received after Sunday, March 15, 2020 will be charged a \$20 late fee.**

Schedule:

Friday, April 17:

- We will meet outside **Door 7** of Northview Church at **9:00 AM** on Friday, April 17, 2020.
- Once we arrive in Minot, students will be given their rooming assignments and have time to practice or finalize anything for their presentations.
- Registration begins at 5:00 PM. All students participating in any ART or WRITING Division will be headed to registration to hand in their entries.
- Students will be taken to eat prior to opening doors for the student orientation and evening service at 7:15 PM (mandatory attendance).
- Students will return to hotel.

Saturday, April 18:

- Students will arrive at Minot First Assembly at 8:00 AM (students may find rooms to practice their entries prior to their presentation time).
- Presentations between 8:45 AM – 12:00 PM
- Lunch break: 12:00 – 1:00 PM
- Presentations resume 1:00 PM – 3:45 PM
- Celebration service ~4:00 PM – 6:00PM
- Students will either eat in Minot or Bismarck on the way back.
- We will return at approximately **11:00 PM** on Saturday, April 18, 2020 to Northview Church.

Housing:

- We will be staying at the Microtel Inn & Suites. Their phone number is 701-839-2200.

***Please complete and return the attached permission form from Northview Church, along with the attached Participant Registration Form (2 pages) for the ND District Fine Arts Festival. Keep this top page for your information.**

****Please write your checks to “Northview Church” and please write in the memo line the students name it is for and the phrase “Fine Arts” (ex. “student name” Fine Arts).**

DISTRICT FINE ARTS FESTIVAL 2020

APRIL 17-18, 2020

GRADES 6-12

COST (Please refer to Info Sheet one page prior to this form)

DEADLINE: SUNDAY, MARCH 15, 2020

Paid with: Cash Check

MAKE CHECKS PAYABLE TO NORTHVIEW CHURCH WITH YOUR CHILD(REN'S) NAME IN THE MEMO

Name of Child Participant: _____ (PLEASE PRINT)

Permission & Emergency Release Form

Name of Child Participant: _____ (PLEASE PRINT) Birth Date: _____ (MM/DD/YYYY)

I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by Northview Church. The above described event could involve the risk of damages and risk of bodily injury. By signing this agreement, I, for myself and my successors and assigns, agree to not hold Northview Church, or its employees, volunteers or agents liable for damages, losses and injuries to the person or property of the listed student.

Northview Church is not responsible for personal belongings. _____ (Initial)

Inappropriate conduct by the student will result in the student being transported home at the parents' expense. _____ (Initial)

Pictures/Videos: I authorize Northview Church to use my child's likeness in photographs or video in any and all of its publications and other media. I will make no monetary or other claims against Northview Church for the use of such photos or videos.

Medical Treatment Authorization

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury or illness received by said minor. I consent to any x-ray examination, anesthesia, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a licensed physician or surgeon. This authority also extends to any x-ray examination, anesthesia, dental, or surgical diagnosis or treatment and hospital care by a licensed dentist. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatments rendered to my child. _____ (Initial)

Parent/Guardian Name: _____ Second Parent or Emergency Contact: _____

Parent/Guardian Home #: _____ Second Parent #: _____

Cell #: _____ Second Parent Cell #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance: _____ Policy #: _____

Doctor's Name: _____ Dr. Phone #: _____

Please list below any allergies, medical or security concerns: _____

I understand by signing this form I am giving permission for the listed student to participate in above described activity/event sponsored by Northview Church.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date