

Candidate Name: _____

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(Please note: Parent signature must be notarized when applicant is 17 years old or younger)

Central Tennessee Vida Nueva Application

PURPOSE STATEMENT: Vida Nueva is a youth weekend that aims to concentrate closely on the person and teachings of Jesus Christ. Vida Nueva explores basic Christian belief to provide those who attend the weekend a deeper and more meaningful relationship with Christ as they share His love in a dynamic way.

This application must be completed in its entirety and received by the Vida Nueva Pre-Weekend person for timely processing. Weekend fee is \$100.

Mail to: **CTVN ; Attn: Christie Witt, Pre-Weekend**

P.O. Box 1382 Goodlettsville, TN 37070

Sponsor Information:

Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Email Address _____

As a sponsor, I acknowledge my responsibilities to this Applicant/Candidate & his/her family. I have read & understand the purpose of Vida Nueva.

Sponsor Signature _____ **Date** _____

Applicant/Candidate Information:

Legal Name _____ Preferred _____

Address _____ T-Shirt size _____

City _____ State _____ Zip _____

Phone (____) _____ Alternate Phone (____) _____

Age _____ Gender: M/F Race _____ Birth Date _____/_____/_____

Email Address _____

Church _____ Denomination _____

School you attend _____ Grade _____

Applicant Signature _____ **Date** _____

Emergency Contact Information:

Parent/Guardian Name: _____

Phone #: (____) _____ Alternate Phone #: (____) _____

Secondary Emergency Contact Name: _____ Phone: (____) _____

Candidate Name: _____

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(Please note: Parent signature must be notarized when applicant is 17 years old or younger)

Please supply All of the following information:

Medical Insurance Co.: _____ Group# _____ Policy# _____

Company's address: _____ Company's Phone : (____) _____

City: _____ State: _____ Zip: _____

Family Physician's Name: _____ State: _____ Zip _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions. (Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List all medication taken on a regular basis and /or any brought with you to Vida Nueva (Prescription meds MUST have a pharmacy label and name of doctor): _____

List operations/serious injuries and dates within the past five years:

Date of last Tetanus Shot: _____

Emergency Authorization:

I hereby give permission to staff of Central Tennessee Vida Nueva to order X-Rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician and staff of CTVN to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as above named. I further authorize release of the above medical information to appropriate medical personnel and/or health coverage insurance company. In addition, I have, and do hereby, release Central Tennessee Vida Nueva, its directors, or agents from liability associated with participation in Central Tennessee Vida Nueva.

I understand that CTVN will hold in confidence information I provide them except as required by law or when necessary to protect others or myself against a threat of harm.

Signature of Parent or Guardian

Date

Signature of Youth _____

The following to be completed by the notary witnessing parent/guardian signature.

The state of _____ the county of _____. Before me, a Notary Public, on this day personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____

Notary Public, State of _____

Print name of Notary Public here

My commission expires the _____ day of _____, A.D. _____.

Youth will be permitted to stay with ORIGINAL notary only. NO photocopies or electronic transmission is accepted.