

Candidate Name: \_\_\_\_\_

p. 1/2

*(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 \$125*

Mail to: **CTVN ; Attn: Jackie Chaney, 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 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. \_\_\_\_\_.

Candidate Name: \_\_\_\_\_

p. 3/2

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