

QUEST 2020 STUDENT APPLICATION

Name: _____ Gender: M or F

Email address: _____ T-Shirt Size (Men's): _____

Home Phone: _____ Student Cell Phone: _____

Year of Graduation _____ Age: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Church: _____

Pastor: _____ Youth Pastor/Leader: _____

Disclaimer and Releaser of Liability

I authorize an adult leader, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in "Quest 2018." The undersigned further hereby agree to hold harmless and indemnify Eastern Field NYI, its leaders and chaperones, as well as Eastern Nazarene College and its employees for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Signature Guardian _____ Print _____

Insurance Information

Hospital Insurance Company: _____ Participant Date _____

Policy Number: _____ Group Number: _____

Emergency Contact Name and Number _____ (____) _____

Allergies (Medication/Food, etc.):

Medications: (Name, Dosage, Administering Times):

Application Questions

Please answer the following questions on a separate sheet of paper. (preferably typed)

- 1.) Share the story of your relationship with Christ, including how is God currently working in your life?
- 2.) Share some leadership qualities you possess, giving an example of how you've used one of those qualities.
- 3.) How are you involved in the leadership/ministry of your local church?
- 4.) Why do you want to attend Quest 2020?

Commitment of Participant

Quest 2020 requires full investment of attitude, energy, and participation. You will never be forced to engage in any activity with which you are uncomfortable, but you will be asked to fully engage mentally, socially, spiritually and physically.

If selected to attend, I agree to enthusiastically participate in all activities during Quest. I will follow the rules and expectations of the event and its leaders. Upon my return, I will apply what I have learned in service and leadership to others in my church and community.

Signature: _____ Date: _____