



QUEST 25 STUDENT APPLICATION

Participant's Name: _____ Gender: M or F

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

Parent/Guardian Phone: _____ Student Cell Phone: _____

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

Commitment of Participant

If selected to attend, I agree to enthusiastically participate in all activities at QUEST 25 with a positive attitude. I understand that there will be activities ranging from light to moderate physical activity. I understand that I will never be forced to engage in any activity with which I am uncomfortable, but I will attempt to fully engage mentally, socially, spiritually, and physically in all activities to the best of my ability to do so safely. 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.

Participant's Signature: _____ Date: _____

Pastor/Youth Pastor Recommendation

Church: _____

Pastor/Youth Pastor (Printed): _____

I recommend _____ (student's name) for participation in QUEST 25. This student has demonstrated a growing spiritual maturity, leadership potential, and an ability to work and interact with others in a Christlike manner. I will commit to following up with this student after the event to understand better how the lessons learned in leadership and discipleship development at QUEST 25 might continue to benefit the student, youth ministry, and local church.

Pastor/Youth Pastor's Signature _____ Date: _____

Disclaimer and Parent/Legal Guardian Release of Liability

In the unlikely event that there is a medical emergency that requires immediate medical attention before being able to contact Parents or guardians.

I authorize an Parent/Legal Guardian, 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 25." The undersigned further hereby agree to hold harmless and indemnify Eastern Field NYI, its leaders and chaperones, as well as Mount Chestnut Nazarene Retreat Center and its employees for any liability sustained by a student participant 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):

Other Health Concerns:

