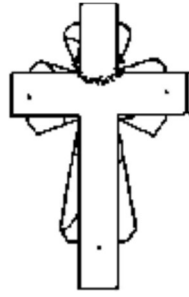


# Vida Nueva of North Georgia Application



Please print, complete, and mail to the current Pre-Weekend Team:

**Peter and Carol Vien  
156 Forest Avenue NE  
Marietta, GA 30060**

**Purpose of Vida Nueva:** Vida Nueva is a youth Weekend for young men and women which aims to concentrate closely on the person and teaching of Jesus Christ. Vida Nueva explores basic Christian beliefs to provide those who attend the Weekend a deeper and more meaningful relationship with Christ as they share His love in a dynamic way. Vida Nueva also explores how to apply this knowledge in our everyday lives.

**What happens on a Vida Nueva Weekend?** Vida Nueva accomplishes its purpose by talks given by pastors as well as by everyday individuals who are not pastors. Each talk is then discussed in small table groups. The basic atmosphere of Vida Nueva is one of love, Christian fellowship, singing, laughing, and worship.

**Who should attend a Vida Nueva Weekend?** The age requirement is that the individual be 15 to 20 at the beginning of the Weekend. There are separate Weekends held for young men and young women. Each attendee must be sponsored by someone who has previously attended a Vida Nueva, Tres Dias, or Cursillo-type Weekend.

**Where is the Weekend located?** At the Camp of Colors located about 6 miles from Dahlonega. There is a map to the campground at [www.ngvn.org](http://www.ngvn.org). The address is **3186 Hwy GA-9 Dahlonega, Ga 30533**. The Camp of Colors phone number is **706-864-0764**. Please use this in case of emergencies only.

Please note that the Camp of Colors facility is a "smoke free" Christian retreat facility, therefore, no smoking, vaping, or use of tobacco products in any form is permitted on the Weekend!

**Vida Nueva is:**

- Spanish for "New Life"
- A Weekend for Christians to live in Christian community
- A clear and obvious experience of the work of Christ in the world today
- A tool of God, not an end in itself

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## **How may I attend a Vida Nueva Weekend?**

*Fill out this application!*

*This application is comprised of parts A and B.*

*ONLY PART A needs to be submitted to the Pre-Weekend Team for timely processing.*

*Part B may be submitted with Part A or at the time of the assigned Weekend.*

## **Online application:**

*You may apply online at [www.ngvn.org](http://www.ngvn.org), click on "Applications"*

*The Medical Release must have a physical signature on it, therefore, it will not be submitted electronically. You may print and mail it to the above address or bring it with you to your assigned Weekend.*

Vida Nueva of North Georgia

**Part A** – Sponsor and Applicant Information

**Sponsor Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email address \_\_\_\_\_

Which type of 3 day Weekend did you attend that qualifies you to be this candidate's sponsor?(e.g. NGVN, NGTD, etc.) \_\_\_\_\_

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

\_\_\_\_\_  
**Sponsor signature**

\_\_\_\_\_  
**Date**

**Applicant/Candidate Information:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ T-shirt size \_\_\_\_\_

School you attend \_\_\_\_\_ Grade \_\_\_\_\_

Church \_\_\_\_\_

Father's (or guardian's) name \_\_\_\_\_ Cell # \_\_\_\_\_

Father's (or guardian's) email address \_\_\_\_\_

Mother's (or guardian's) name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's (or guardian's) email address \_\_\_\_\_

Any special diet/food allergies? Specify: \_\_\_\_\_  or N/A  Do you have any allergies that may result in anaphylaxis/anaphylactic shock? Yes No

## Vida Nueva of North Georgia

If the above question is answered YES, the candidate must bring an epinephrine autoinjector (e.g. EpiPen) to the Weekend. **If you answered yes and the candidate does not bring an Epinephrine autoinjector, then the candidate will not be permitted to attend the Weekend.**

**Please note that Vida Nueva Weekends are NOT free of nuts or other allergens. While Vida Nueva of North Georgia will take reasonable measures to accommodate candidates with allergies, we cannot ensure an allergen-free environment.**

Do you have any medical conditions requiring medications or special treatments? YES  NO

If yes, please specify: \_\_\_\_\_

Will any medication be taken on the Weekend? YES  NO

(You will list in detail the medications on the Medical Release Form. This is to give us an idea of what to be prepared for prior to the Weekend.)

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**PRESCRIPTION MEDICATION WILL NOT BE ADMINISTERED BY VIDA NUEVA VOLUNTEERS. However, if requested, a team member can remind a candidate what time it is so the candidate can take their medication(s) at the time listed on the medication tracking log.**

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**Applicant Signature**

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**Date**

Vida Nueva of North Georgia

**Part B** – Candidate Medical Release Form

This form **must** be completed and appropriately signed by the Weekend participant, parent, or legal guardian prior to any Weekend activities. **The form will be held by the Vida Nueva Council Representative for the duration of the Weekend.**

**Please note that Vida Nueva Weekends are NOT free of nuts or other allergens. While Vida Nueva of North Georgia will take reasonable measures to accommodate any attendees with allergies, we cannot ensure an allergen-free environment.**

Please print legibly and, if necessary, use additional space on the back of this form.

Name of Candidate \_\_\_\_\_

*Please indicate any and all:*

Special diets/food allergies \_\_\_\_\_ or N/A

Do you have any allergies that may result in anaphylaxis/anaphylactic shock? Yes  No

Please note that if you answered yes to the above question, you must bring an epinephrine autoinjector (e.g. EpiPen) to the Weekend with you. **If you answered yes to the above question and you do not bring an epinephrine autoinjector with you, you will not be permitted to attend the Weekend.**

Drug or latex allergies \_\_\_\_\_ or N/A

Medical conditions \_\_\_\_\_ or N/A

Will medications be taken during this Vida Nueva Weekend? Yes  No

\*\*\*Please list any medication(s) along with dosage and frequency of administration on the next page\*\*\*

I consent to my child receiving over the counter medications such as Tylenol or Advil Yes  No

Other information \_\_\_\_\_ or N/A

Medical Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Father's (or guardian's) name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's (or guardian's) name \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event of an emergency, I, as parent or legal guardian of \_\_\_\_\_ do hereby authorize an adult Vida Nueva leader as agent for me, to consent to my child receiving an x-ray, exam, medical, dental, or surgical diagnosis, treatment, and hospital care advised by a physician, surgeon, dentist, or advanced practice practitioner as appropriate, licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I shall be obligated for all costs relative to any medical assistance and/or services rendered on behalf of \_\_\_\_\_. I release Vida Nueva from any legal responsibility related to medical treatment.

By signing this Medical Release Form, I expressly warrant that this child named above or I, if I am a participant, expressly assume all risks to the child or me participating in the Weekend, whether such risks are known or unknown to me at this time. I further release Vida Nueva of North Georgia and its leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in the Weekend. This release of liability

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is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against Vida Nueva of North Georgia or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Vida Nueva of North Georgia and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Weekend Participant (over the age of 18)**

\_\_\_\_\_  
**Date**

Sponsor's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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**Medication Tracking Log**

Name of Candidate \_\_\_\_\_

The *Medication Tracking Log* must be completed by the candidate’s parent or legal guardian.

**PRESCRIPTION MEDICATION WILL NOT BE ADMINISTERED BY VIDA NUEVA VOLUNTEERS; however, if requested, a team member can remind a candidate what time it is so the candidate can take their medication(s) at the time listed below.**

MEDICATION TO BE TAKEN DURING A VIDA NUEVA WEEKEND

Medication	Dosage	Frequency (usual times taken)	Reason for Taking

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Weekend Participant (over the age of 18)**

\_\_\_\_\_  
**Date**