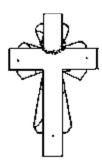
Vida Nueva of North Georgia Application



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

Warren and Amy Caylor 5090 Vixen Ct. NW Acworth, Ga 30101

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 Cursillotype 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. 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

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, 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.

Part A – Sponsor and Applicant Information

Sponsor Information:

Name				
Address				
City		State _	Zip	
Cell phone		Other phone _		
Email address				
Which type of 3 day Weeker	nd did you atte	end that qualifies yo	u to be this candidate's sp	oonsor?(e.g. NGVI
As a sponsor, I acknowledge read and understand the pu			ant/Candidate and his/her	· family. I have
Sponsor signature			Date	
Applicant/Candidate	Information	on:		
Name		Nickname		
Address				
City				
Cell phone		Other phone _		
Email address				
Birthdate				
School you attend			Grade	
Church				
Father's (or guardian's) name			Cell #	
Father's (or guardian's) ema	ail address			
Mother's (or guardian's) nar	ne		Cell #	
Mother's (or guardian's) em	ail address			
Any special diet/food allergion Do you have any allergies th		in anaphylaxis/anaı	ohylactic shock? Yes	or N/A

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 spe	ecial treatments? YES NO
If yes, please specify:	
Will any medication be taken on the Weekend? YES \square NO \square	
(You will list in detail the medications on the Medical Release Form. This is to give us an idea	a of what to be prepared for prior to the Weekend.)
PRESCRPTION MEDICATION WILL NOT BE ADMINISTERED	D BY VIDA NUEVA VOI UNTEERS.
However, if requested, a team member can remind a cand can take their medication(s) at the time listed on the med	idate what time it is so the candidate
	idate what time it is so the candidate
	idate what time it is so the candidate

Part B - Candidate Medical Release Form

This form **must** be completed and appropriately signed by the <u>Weekend participant</u>, <u>parent</u>, <u>or legal guardian</u> 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 or	n 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/ana	aphylactic shock? Yes No					
Please note that if you answered yes to the above question, (e.g. EpiPen) to the Weekend with you. If you answered ye bring an epinephrine autoinjector with you, you will no	es to the above question and you do not					
Drug or latex allergies	or N/A					
Medical conditions	or N/A					
Will medications be taken during this Vida Nueva Weekend? Yes No 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 authorize an adult Vida Nueva leader as agent for me, to conmedical, dental, or surgical diagnosis, treatment, and hospita dentist, or advanced practice practitioner as appropriate, lice where the services are rendered, either at a doctor's office or costs relative to any medical assistance and/or services rend I release Vida Nueva from any legal responsibility related to	nsent to my child receiving an x-ray, exam, al care advised by a physician, surgeon, ensed to practice under the laws of the state r in any hospital. I shall be obligated for all lered on behalf of					

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.

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#		

Medication Tracking Log

Name of Candidate				
The Medication Tracking Log I	must be completed by	the candidate's parent or le	gal guardian.	
PRESCRPTION MEDICATION however, if requested, a tecan take their medication(eam member can rei	mind a candidate what tin		
MEDICA	ATION TO BE TAKEN D	DURING A VIDA NUEVA WEEF	KEND	
Medication	Dosage	Frequency (usual times taken)	Reason for Taking	
Signature of Parent or Legal Guardian			Date	
Signature of Weekend Part	ticinant (over the ac	no of 18)) Pate	
Signature or Weekenu Part	ucipanic (over the at	je or ioj – D	ale	