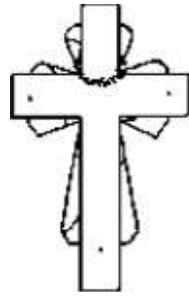


Vida Nueva of Northeast Georgia Application



Please print, complete, and mail to:

**Tracy Halaby
803 Marbrook Dr.
Lawrenceville, GA 30044**

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 Legacy Retreat Center in Homer, GA. The address is **1803 Wilson Bridge Road, Homer, GA 30547.**

Please note that the facility is a "smoke free" Christian retreat facility therefore no smoking 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.

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.

You can submit the weekend fee of \$120.00 along with the mailed application. If you use the online form, you can bring the fee to the weekend.

Vida Nueva of Northeast Georgia

Part A – Sponsor and Applicant Information

Sponsor Information:

Name _____

Address _____

City _____ State _____ Zip _____

Cell phone _____ Other phone _____

Email address _____

Which 3 day weekend did you attend that qualifies you to be this candidate's sponsor? _____

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 email address _____

Any special diet/food allergies? _____ or N/A

Will any medication be taken on the weekend? For what general purpose do you take them?
(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.)

or N/A

Applicant Signature

Date

Vida Nueva of Northeast Georgia

Part B – Candidate Medical Release Form

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

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

Medical allergies _____ or N/A

Medical conditions _____ or N/A

Will medications be given during this Vida Nueva weekend? _____ Yes _____ No

If prescription medication is to be taken during this Vida Nueva weekend, an adult member of the team will be designated to administer the medication.

Please list any medication along with dosage and times to be given on the next page

I consent to 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 and 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 or dentist 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.

Signature of Parent or Legal Guardian

Date

Signature of Weekend Participant (over the age of 18)

Date

Sponsor's Name _____ Cell Phone# _____

