



PLEASE INCLUDE a \$25.00 Deposit.

East Texas Vida Nueva Application

Please complete and mail to:
East Texas Vida Nueva
P.O. Box 298
Elkhart, TX 75839

Applicant/Candidate Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Date of Birth: _____ Sex: M or F (circle one) T-Shirt Size: S M L XL XXL XXXL (circle one)

School Grade or College Year: _____ Church: _____

Parent/Guardian Name: _____

(If applicant/candidate is under age 18):

Special Needs:

Medical: Diabetic ____ (check if Yes) Allergies: _____

Other: _____

Dietary (list special dietary needs, i.e. vegetarian, no pork, etc): _____

Applicant/Candidate Signature: _____

Parent/Guardian Signature if Applicant/Candidate is under age 18.

Applicant/Candidate: On the lines below, please include a statement about your walk with Jesus, what you need to help you with your spiritual growth, and what you hope to get out of this weekend. Please take time to carefully think this out. Knowing your needs will help us prepare for the weekend.

Sponsor Information:

Sponsor Name: _____ Weekend Attended: _____

Phone: _____ E-mail: _____

For questions or updates, please write to the above address or email etvidanueva@gmail.com.

Please fill in all blanks!

I Understand that Water’s Edge Encampment (WEE) or Vida Nueva is not responsible for articles that are lost or stolen while the participant named above (the “Participant”) is on WEE grounds. I understand that while the participant is at WEE that he / she may be responsible for damage done to Camp or personal property.

Candidate Medical Authorization

**RETURN WITH YOUR APPLICATION. IF UNDER 18 YEARS
IT MUST BE SIGNED BY PARENT OR GUARDIAN AND NOTARIZED.**

TO BE COMPLETED BY PARENT OR GUARDIAN OF CANDIDATE UNDER 18 YEARS OF AGE

I am the parent/guardian of _____, who has my permission to attend the Vida Nueva weekend beginning _____ and ending _____.

During this time I can be reached at the following phone number: _____.

Address: _____

My child has the following allergies: _____

Other pertinent health information concerning my child: _____

My child is taking the following medication: _____

(If taking medication, please send in original prescription container, labeled with instructions and contents.)

Date of child's last Tetanus shot: _____

Doctor's name: _____ Doctor's phone number: _____

I understand that my child will be in the care of Vida Nueva adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost of which I will be responsible for.

Signature of parent/guardian: _____ Date: _____

Please print your name: _____

Subscribed and sworn to before me, a Notary Public, in the state of _____, County of _____, this _____ day of _____, 20____.

Signature of Notary Public: _____ Date: _____

My commission expires: _____ (Seal)

TO BE COMPLETED BY CANDIDATE 18 YEARS OF AGE OR OLDER

In case of emergency, please contact: _____ Relation to candidate: _____

Address: _____ Phone number: _____

Medical insurance information:

Insurance company name: _____ Phone number: _____

Policy number: _____

I hereby authorize any medical treatment that may be necessary to be administered, the cost of which I will be responsible for.

Signature of candidate: _____ Date: _____

Please print your name: _____