

STUDENT APPLICATION 2018

Please fill out the following application. (All sections must be filled out.)



I. STUDENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

E-mail address: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female

T-Shirt size (Adult sizes): XS S M L XL XXL XXXL

Citizenship: Is the student a US citizen? Yes No

Primary Language: English Ukrainian Russian Other: _____

Does the student have a valid driver's License? No Yes

If yes, please be informed that the student will NOT be permitted to drive a car during the school semester.

II. MEDICAL DISCLOSURE FORM (All medical and personal information will be kept confidential)

Primary Care Physician: _____

Alternate Contact: _____

Office phone: _____

Do you have any Allergies? No Yes If so, please list: _____

Do you take medication(s) for your allergies: No Yes If so, please list: _____

Do you have Asthma? No Yes

If YES, will you carry a rescue inhaler during school session? _____

If YES, do you need staff help to use that rescue inhaler? _____

If YES, what triggers the asthma? _____

Activity Restrictions: _____ Physical Handicaps: _____

Dietary Restrictions? _____

Medical History:

Health History (check conditions and describe below, list the year for each illness)

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anemia | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism | <input type="checkbox"/> Bleeding/Clotting Disorder |
| <input type="checkbox"/> Blood Pressure (high/low) | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Concussion | <input type="checkbox"/> Corrective Lenses |
| <input type="checkbox"/> Cramps, severe | <input type="checkbox"/> Cystitis | <input type="checkbox"/> Dental Appliances |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Dislocations |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Emotional/Behavioral Issue | <input type="checkbox"/> Epilepsy or Convulsions |
| <input type="checkbox"/> Fainting or Dizziness | <input type="checkbox"/> Fractures (broken bones) | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Hepatitis A, B or C | <input type="checkbox"/> Heart Disease or Defect |
| <input type="checkbox"/> Hernias | <input type="checkbox"/> Joint or Muscle Pain | <input type="checkbox"/> Knee Injury or trouble |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Skin Conditions or rashes |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Sprains or strains | <input type="checkbox"/> Tumor or Growth |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Urinary Difficulties | <input type="checkbox"/> Venereal Disease |

Name any injuries, illness or disabilities not mentioned and the year of occurrence: _____

Medications:

Please list all medications (including over-the-counter or nonprescription drugs) being taken regularly. Please plan on turning in all medications to the administration. A trained administrator will hold and distribute all medications. Please keep the medications in the original package or bottle.

- This student takes **no** medications regularly
- This student takes medications regularly
- Medication: _____ Dosage: _____ Times taken daily: _____
- Medication: _____ Dosage: _____ Times taken daily: _____
- Medication: _____ Dosage: _____ Times taken daily: _____

I, as the Parent, give permission to administer the following medications at EPC Teen Bible School:

- | | | | |
|----------------------------|--|-----------------------------------|--|
| Acetaminophen (Tylenol) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diphenhydramine (Benadryl) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pepto Bismol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Calcium Carbonte (Tums) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Naproxen (Aleve) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dimenhydrinate (Dramamine) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other over-the-counter medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please keep in mind that, we will only administer medication if deemed necessary.

Parent or Guardian signature: _____ **Date:** ____/____/2018

Medical Insurance:

- Does the student have medical insurance? Yes No
- Insurance Carrier: Policy Number: _____
- Insurance Carrier's Phone Number: _____

If the student has medical insurance, please **attach a copy of the medical card** with the application.

Teen Bible School Participation:

Does the student have any physical, emotional, mental, or physiological limitations that would affect your participation in any of our scheduled activities? Yes No

If yes, please fully describe such conditions or limitations below:

By signing below, I acknowledge that I have completed this Medical Disclosure form accurately, truthfully, and to the best of my knowledge. I further warrant and represent that if any of the information contained in this form changes at any time, I will immediately provide EPC Teen Bible School with such updated information. I acknowledge that the program will handle medications as described and that information on this form will be shared with administration on a need-to-know basis. All medical and personal information will be kept confidential to the extent required by law.

Student's signature: _____ **Date:** ____/____/ 2018

Parent or Guardian (please print): _____

Parent or Guardian signature: _____ **Date:** ____/____/ 2018

III. FAMILY INFORMATION/ EMERGENCY CONTACT

Father's Name: _____ Mobile Phone: _____

Mother's Name: _____ Mobile Phone: _____

Emergency Contact #1:

Name: _____ Relationship: _____

Mobile Phone: _____ Alternate Number: _____

Emergency Contact #2:

Name: _____ Relationship: _____

Mobile Phone: _____ Alternate Number: _____

IV: SPIRITUAL INFORMATION: (Student please answer)

Name of Church: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Pastor's Name: _____ Pastor's Phone Number: _____

What denomination do you belong to? _____

Have you accepted Jesus Christ as your personal savior? Yes No

Are you baptized by the Holy Spirit? Yes No

In what language do you read the Bible?

English Ukrainian Russian Other: _____

What version of the Bible do you read?

NIV NKJV KJV NRSV Other: _____

Rate your knowledge of the Bible: Below Average Average Above Average

Have you ever read the ENTIRE Bible at least once? Yes No

Are you currently involved in your local church? Yes No

Do you have musical abilities? Sing Play Instrument (s): _____

Do you have experience in the following?

Preaching Yes No If so, how often: _____

Leadership Yes No If so, specify: _____

Worship Group Singing Yes No

Solo Singing Yes No

Choir Singing Yes No

Tech Set-up in the Church Yes No

Sunday School Helper Yes No

V. PRACTICAL ELECTIVE/ WORKSHOP SELECTION:

Practical Electives

Please select a practical elective in which you would like to participate and learn from a knowledgeable instructor. **Select your top 3 options.** We cannot guarantee that you will get your top choice. Groups fill up on first come-first serve basis. **Number your options 1, 2, and 3.**

- Musical Instruments in Worship/Orchestra
- Teaching Children & Sunday school
- Preaching/Sharing Testimony/ Public Speaking
- Choir Conducting
- Leading Worship/ Group Singing
- Evangelism/ Street Ministry

Workshops and Instructors

Please select workshops in which you would like to participate and learn from a knowledgeable instructor. **Select your top 4 options.** We cannot guarantee that you will get your top choice. Groups fill up on first come-first serve basis. **Number your options 1, 2, 3, and 4.**

- Cooking
- Baking
- Hair Styling
- Caring for the Sick and Wounded
- Changing Oil and Tires
- Car Basics: Mechanical Management
- First Aid & CPR; Tour of Ambulance
- Police Officer Presentation on Law, Alcohol, Drugs and Consequences

VI. BACKGROUND INFORMATION:

Have you ever been:

- Arrested? Yes No
- Convicted? Yes No
- Expelled from school? Yes No

Do you use or have you ever used:

- Tobacco/Weed? Yes No
- Alcoholic Beverages? Yes No
- Drugs? Yes No

Is there anything we may need to know in regards to you legally?

VII. SELF EVALUATION:

Main goal for attending Teen Bible School: _____

What topics are you most interested in? _____

What is your favorite activity? _____

What do you do during your free time? _____

What are some of your skills and talents? _____

Please describe what you would like to improve during Teen Bible School:

Please **honestly** evaluate yourself on the following qualities:

- | | | | | | |
|-----------------------------|------------------------------|---------------------------------------|-----------------------------|-------------------------------|------------------------------------|
| Motivation | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Leadership | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Independence | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Responsibility | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Timeliness | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Self-Control | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Acceptance of others | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Overall Character | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Relationship with parents | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Relationship with friends | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |
| Relationship with authority | <input type="checkbox"/> Bad | <input type="checkbox"/> Not too Good | <input type="checkbox"/> OK | <input type="checkbox"/> Good | <input type="checkbox"/> Very Good |

IX. PERMISSION/ SIGNATURES:

I certify that all of the information and statements on this application are complete and accurate to the best of my knowledge.

I have read and agree to obey and follow **all** rules, regulations and the schedule of EPC Teen Bible School.

In the event that I do not obey and follow all rules, regulations and schedule of the EPC Teen Bible School, my parents and pastor will be notified and I may be asked to leave the remainder of the school without a refund or certificate.

In case my application is denied, I will receive a full refund.

Student Name Printed: _____

Student's signature: _____ **Date:** ____/____/2018

Participant release/waiver of liability and indemnification agreement

I am the parent or legal guardian of _____ (Student Name), who is under 18 years old. In consideration for my child's opportunity to participate in the EPC Teen Bible School of Evangelical Pentecostal Church to be held July 15– 29th, 2018, I affirm and agree with the following statements:

- My child and I agree to become familiar with all EPC Teen Bible School rules and instructions and to abide by them. I understand that EPC retains the right to suspend or terminate my child's participation in EPC Teen School if it is believed that the student has failed to comply with any school, activity rules or instructions, or for any other reason in its sole discretion.
- My child is physically sound and suffering from no condition, impairment, disease, or other illness that would hinder him/her or others from safely participating in EPC Teen Bible School. It is my responsibility to ensure that my child follows any restrictions, prescriptions, or limitations that apply to my child's physical condition or state of fitness.
- I recognize and fully understand and agree that in the event it becomes necessary for my child to receive medical treatment during his/her participation in EPC Teen Bible School, reasonable efforts will be made to contact the persons listed on my child's Medical Disclosure form to obtain directions and authorization for such treatment. However, if the person(s) listed cannot be reached, I hereby authorize, direct, and give my full and complete permission to one or more authorized representatives of EPC and/or any advisors, directors, leaders, volunteers, or representatives to seek medical treatment on my child's behalf, including selecting and authorizing medical professional(s) (including, but not limited to nurses, LPNs, PAs, paramedics, doctors, or dentists) to take such action as is deemed necessary by any attending medical professional. I further give my full and complete authorization to such medical professional to hospitalize, order injections, administer anesthesia, perform surgery, or secure additional necessary medical treatment for my child as necessary and/or appropriate under the circumstances as determined by the medical professional. I further certify that I am willing to assume the risk of any medical or physical condition that my child may have. I further understand and acknowledge that it is my duty to provide accurate and current information of such conditions on my child's Medical Disclosure Form.

- I recognize and fully understand that the insurance coverage listed on my child's Medical Disclosure form will be used as the sole insurance coverage for him/her in the event medical treatment is needed, and that I (or the responsible party for my insurance coverage) am solely and personally responsible for any payments or charge(s) not covered by such insurance. I further understand, acknowledge, and agree that no such insurance coverage is or will be provided for me by EPC. I understand and agree that if my child does not currently have valid health insurance coverage, none will be provided for him/her by EPC, and that I (or the responsible party for my insurance coverage) am responsible for any and all costs associated with medical treatment that may be required as a result of my participation in EPC Teen Bible School.
- I, do hereby grant permission to EPC Teen Bible School to use the image/voice recording of my child as marked by my selection(s) below. Such use includes the display, distribution, broadcast, publication, transmission, or otherwise use of photographs, images, audio recordings, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, blogs, videos, and digital images such as those on the teenschool.epcphila.org website. No personal information will be distributed or published without parental permission.
- Except where such an exception is prohibited or limited by applicable law, except for any claims, actions, liability, and/or demands ("Claims") that arise from, are caused by, or result from the gross negligence or willful misconduct of EPC and its affiliates, directors, volunteers, independent contractors, representatives and successors in interest (collectively, "Affiliates"), I hereby release, forever discharge, and agree to hold harmless EPC from any and all claims for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise out of the my child's participation in EPC or which may arise out of my child's travel to or participation in and returning from any activity associated with EPC, which may hereafter accrue to my child. This Release/Waiver is understood to also be in effect with respect to, and to include any persons who may be engaged in, the transportation, hosting, treatment or attending to, or accompanying my child to any facility for Medical Treatment on or off of EPC property, on the same basis and terms as stated above. I further agree to hold harmless and indemnify EPC from any Claims resulting in any way from my child's or my acts or omissions.

I certify that all of the information and statements on this application are complete and accurate to the best of my knowledge.

Parent or Guardian (please print): _____

Parent or Guardian signature: _____ **Date:** ____ / ____ / 2018

SENDING YOUR APPLICATION

Before you send your application, please check for:

- Fully completed Application
- Make sure all signatures are present on the application (including student, parent, pastor)
- Completed Pastor's Recommendation
- Student Photograph (passport style)
- Copy of Medical Insurance card (if student has insurance)
- Copy of Driver's license (if student has a license)
- Check for \$375.00 written out to: "Evangelical Pentecostal Church- EPC Teen Bible School"

Please attach application and all required parts and E-mail to rvoshchilo@epcphila.org

Or mail to:

*EPC Teen Bible School
3330 Davisville Road
Hatboro, PA, 19040*