



VIDA NUEVA



"FOR IF THERE IS FIRST A WILLING MIND, IT IS
ACCEPTED ACCORDING TO WHAT ONE HAS
AND NOT WHAT ONE DOES NOT HAVE."
II CORINTHIANS 8:12

What is Vida Nueva?

Vida Nueva (a Spanish term for "New Life") is an interdenominational youth oriented encounter similar to the Cursillo and Tres Dias movements. It is a weekend filled with faith, fun, and fellowship. Talks are presented on a wide variety of topics by a working team. The subject matter and activities are challenging, thought provoking, which leads to open-ended discussions in small and large groups.

Who can attend?

Any high school student in the 9th -12th grade, with the maturity and willingness to experience the spiritual dimension of life and share thoughts with others, can attend Vida Nueva.

When is it?

The 25th Vida Nueva will be held from Dec 15-17, 2017. The weekend will begin at 12:30pm Friday and end around (17:00) 5:00pm Sunday. A caravan/carpool will be organized to assist with transportation.

Where is it held?

The weekend will be held at Hochspeyer Naturpark-Jugendherberge, Familien- und Jugendgästehaus; Trippstadter Strasse 150; 67691 Hochspeyer, Germany.
Phone: +49-6305-336 Fax. +49-6305-5152; hochspeyer@diejugendherbergen.de.

Does it cost anything to attend?

While this weekend is run by donations from community members, there is a suggested donation of \$50.00 to help with the cost of the weekend. Cash or check (made out to Vida Nueva of Germany) can be submitted with your application.

Who are the people who put on a Vida Nueva weekend?

A Vida Nueva team is a group of spiritually energized teens and adults drawn from the Christian community. They meet for two months in prayer and preparation for this weekend encounter with Christ. Their goals are to seek answers to every question possible concerning one's Christian walk, to develop a lively Christian community, and to join the community in such a loving and supportive way that others are encouraged in their spiritual growth.

Whom should you contact for more information? LeAndra Smith at 0160-977-60095 or Shawn Scott at 015144956763 / 06371613044

APPLICANTS, PLEASE NOTE: The number of applicants accepted for any given weekend is limited by the physical space available at the hostel facility. You will be notified of your status prior to your requested dates.



VIDA NUEVA

Application

Please print neatly!



Today's Date:		Date expected to depart from Europe:	
Name:		Age:	Sex:
What name do you prefer to go by?		Birth Date:	
What school do you attend?		Grade:	T-shirt size: S M L XL XX
Church Community:			
Mailing Address:			
Student E-mail Address:			
Parent(s)/Guardian(s) Name:			
Parent or Guardian E-mail Address:			
Home Phone #:		Cellular #:	
Emergency contact name & number:			
Special needs: (medical, dietary, etc.)			
<p>In this space, please tell us where you are spiritually (such as your relationship with Jesus), what you need to help you grow in your relationship, and what you hope to get out of this weekend. Please take your time to carefully think it out. Knowing where you are will help us prepare for your weekend.</p>			
Student Signature:		Date:	

When personal and sponsor information has been filled in, applications should be sent via email to:

vnofgermany@gmail.com

Applications can also be returned to your sponsor for submission.

SPONSOR (the one who gave you the application): After careful thought and prayerful consideration, I commit myself to support:	
Applicant's Name:	before, during and after the Vida Nueva Weekend.
Sponsor's Name:	
Signature	
Weekend Attended:	Date Departing Europe:
Mailing Address	Home Phone
APO AE	Cell Phone
School	Church Community
EMAIL	

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PERMISSION SLIP

Authorize Emergency Medical Care

Student's name _____ Age _____ Sex: M or F

School Grade _____ Home tel. _____ Work tel. _____

Mailing/APO Address: _____

Emergency contact: _____

Relationship _____ Home tel. _____

*Providing the above and below information is voluntary. The purpose for this information is to complete a medical power of attorney thereby giving Vida Nueva staff specific authority while attending the event.

*Please note any special medical information: _____

*I/We grant permission for the Vida Nueva staff to photograph my child during activities and to use the photos in audio-visual and printed materials without compensation or approved rights.

*I/We hereby give the Vida Nueva staff and appointed leaders the right to exercise authority over my child during the entire event and if my child chooses not to follow event guidelines, he/she may be sent home early at my own expense. If my child causes personal or property damage, I/we will be responsible for all associated costs.

*I/We hereby understand that there are potential and inherent risks involved in allowing my child to participate in this event.

X _____

Signature of parent/legal guardian

MEDICAL POWER OF ATTORNEY (USAREUR SUPPL 1 TO AR 608-50)

*I/We understand that in the event of an accident, my child will be treated at the nearest local medical facility. Know all men by these present that on this date I, _____, SSN: _____, now serving as a member of or accompanying the United States Armed Forces in Europe, do make, constitute, and appoint any VIDA NUEVA staff or appointed adult leader my true and lawful attorney-in-fact to act for me in my name, place and stead for the following purposes: TO AUTHORIZE ANY AND ALL MEDICAL, DENTAL, AND HOSPITAL CARE AND TREATMENT, EITHER PREVENTIVE OR CORRECTIVE, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DENTIST FOR THE HEALTH AND WELL BEING OF MY CHILD

AGE: _____

GIVING AND GRANTING unto my said attorney full power and authority to do and perform every act, deed, matter, and thing necessary, desirable or expedient to accomplish the foregoing specified purposes, and ratifying and confirming all acts necessary, desirable or expedient to accomplish any of the specifically enumerated purposes, lawfully done pursuant to the authority herein above conferred. However, all business transacted hereunder on my account shall be transacted in my name, and all endorsements and instruments executed by my said attorney for the purpose of carrying out the above powers shall contain my name, followed by that of my said attorney and the designation "attorney-in-fact". Any act lawfully done hereunder by my said attorney shall be binding on myself and my heirs, representatives and assigns. Unless sooner revoked or terminated by me, this Medical Power Of Attorney shall become Null or Void after Dec. 17, 2017.

IN WITNESS WHEREOF, I have hereunder set my hand and seal this _____
DD MM YYYY

X _____

(SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S))

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