

# **Quest STUDENT APPLICATION**

Thank you for your desire to attend Quest this summer. Quest is open for all young men ages 14 and up, takes place on our Big Sandy, TX campus from July 12 through August 6, 2010, and costs \$1,395. We invite you to complete this application packet and return it to us along with a \$25 non-refundable application processing fee. We will then contact you with further information and instructions.

## **Completion Checklist**

- Student Application
- Parent's questionnaire
- Medical History form
- Liability release form
- Personal photograph taken within the last 6 months.
- \$25 non-refundable processing fee

Return the above to us at:

**Quest - Attn: Student Application**  
**One Academy Blvd.**  
**Big Sandy, TX 75755**

If you have any questions, please call us at (903) 636-2000 ext. 2777 or email us at [quest@alertacademy.com](mailto:quest@alertacademy.com). Your information will be kept confidential.

## **Personal Information**

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Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Spiritual Gift: \_\_\_\_\_

Shirt Size (adult sizes):     XS     S     M     L     XL

## **Background**

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Parent's Names: \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

Family Email: \_\_\_\_\_

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Pastor's phone: \_\_\_\_\_

School: \_\_\_\_\_

Is your family enrolled in ATI?     Yes     Not now, but in the past.     No

## Personal Character

When did you become a believer? \_\_\_\_\_

What do you base your hope of salvation on? \_\_\_\_\_

How often do you have a regular time of prayer and Bible reading?

\_\_\_\_\_

Outside of school, work, and sleep, what three things take up the most of your time?

\_\_\_\_\_

\_\_\_\_\_

What are your biggest struggles? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been abused? (i.e. sexually, physically, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Personality

What kind of personality do you have? \_\_\_\_\_

Who are your heroes? Why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In each row, pick the word that most describes you: (you should have 12 words picked):

Forceful	Lively	Modest	Tactful
Aggressive	Emotional	Accommodating	Consistent
Direct	Animated	Agreeable	Accurate
Strong-willed	People-oriented	Gentle	Perfectionist
Daring	Impulsive	Kind	Cautious
Competitive	Expressive	Supportive	Precise
Risk taker	Talkative	Cooperative	Factual
Argumentative	Fun-loving	Patient	Logical
Bold	Spontaneous	Stable	Organized
Take Charge	Optimistic	Peaceful	Conscientious
Candid	Cheerful	Loyal	Serious
Independent	Enthusiastic	Good Listener	High Standards

What kind of music do you listen to (give some examples of artists): \_\_\_\_\_

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What movies have you watched recently? \_\_\_\_\_

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## Personal Vision

What is your goal in life? \_\_\_\_\_

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In your opinion, what is your greatest weakness or need? \_\_\_\_\_

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How does Quest fit into God's plan for your life? \_\_\_\_\_

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Why did you decide to come to Quest? Was it your choice? \_\_\_\_\_

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What do you dream of doing: \_\_\_\_\_

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# **Quest STUDENT APPLICATION**

## **Parent's Questionnaire**

Describe your son: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What your goals for your son? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your son's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your son's greatest weaknesses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you think might be helpful: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Medical History Form

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Name: \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**INSURANCE INFORMATION**  None (Please attach a photocopy of the insurance card).

Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's date of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's date of birth: \_\_\_\_\_

**PERSONAL PHYSICIAN OR HEALTH-CARE PROVIDER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

**MEDICAL HISTORY**

(Please explain any checked boxes on a separate piece of paper)

- | Past                     | Present                               | Past                     | Present                                       | Past                     | Present                                       |
|--------------------------|---------------------------------------|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> | <input type="checkbox"/> Chicken Pox          | <input type="checkbox"/> | <input type="checkbox"/> Heat-related illness |
| <input type="checkbox"/> | <input type="checkbox"/> Hypertension | <input type="checkbox"/> | <input type="checkbox"/> Medication allergies | <input type="checkbox"/> | <input type="checkbox"/> Surgeries            |
| <input type="checkbox"/> | <input type="checkbox"/> Asthma       | <input type="checkbox"/> | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> | <input type="checkbox"/> Heart problems       |
| <input type="checkbox"/> | <input type="checkbox"/> Seizures     | <input type="checkbox"/> | <input type="checkbox"/> Food allergies       | <input type="checkbox"/> | <input type="checkbox"/> Serious injuries     |
| <input type="checkbox"/> | <input type="checkbox"/> Broken bones | <input type="checkbox"/> | <input type="checkbox"/> Eye problems         | <input type="checkbox"/> | <input type="checkbox"/> Hepatitis            |
| <input type="checkbox"/> | <input type="checkbox"/> STDs         | <input type="checkbox"/> | <input type="checkbox"/> Other allergies      | <input type="checkbox"/> | <input type="checkbox"/> Recurring injuries   |

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

# Liability Release

I, the undersigned, parent or guardian of \_\_\_\_\_, on behalf of myself, my son, and my spouse (if applicable), in consideration of the training which my son will receive through the Quest Program of the International ALERT Academy (IAA), do hereby release the IAA and the Quest Program, as well as their employees, agents, voluntary helpers, instructors, and venues that participate in Quest training (Releases) from liability for any injuries to my son or property damage to his belongings, occurring while my son is participating in the Quest Program. While Quest provides medical expertise for emergencies and takes precautions to ensure that my son has an accident-free experience, I recognize the potential for physical injuries or accidents to which my son may be exposed in the course of his training and ministry, and I knowingly assume such risks and assume responsibility for my son's participation. I also agree to indemnify and hold harmless all the above Releasees for any liability that Releasees may incur as a result of my son's involvement or participation in the Quest Program.

I understand that Quest does not carry insurance coverage to care for accidents, illnesses, or injuries that may occur during my son's training and that medical/accident insurance coverage is my responsibility. I hereby certify that my son is covered under my insurance policy or that other arrangements have been made to satisfactorily care for potential medial expenses. In consideration of the aforementioned benefits, I do voluntarily authorize the IAA, and any of its officers, employees, or voluntary helpers responsible for the well-being of my son, to personally provide, or to make reasonable arrangements for those life-saving procedures which appear to be reasonably necessary to preserve the life of my son in case of emergency during the period of time my son is participating in the Quest Program. Due to the nature of the training/ministry in which my son is involved, I understand that I may not be contacted prior to the commencement of such emergency medical treatment, but that I will be contacted as soon as is reasonably possible in the event of any serious injury to my son.

I state that I have carefully read the foregoing release of liability and medical release form, that I understand its content, and that I willingly agree to the terms thereof. I fully understand the arrangements made for the care of my son and willingly consent to the Academy's provision for the spiritual, emotional, mental, and physical welfare of my son during the period of time he is under the authority of the Academy. I voluntarily sign my name to this release of liability and medical consent form.

\_\_\_\_\_  
Parent/Guardian (Print name)                      Signature                      Date

## UNDERSTANDING OF RISK

I, as a trainee, understand the seriousness of the risks involved in participating in this program, and I accept personal responsibility for obeying the rules and regulations of the Quest Program. I also agree to follow the directions given by those in authority.

\_\_\_\_\_  
Student (Print name)                      Signature                      Date