

# Quest 2019 Advanced APPLICATION

Thank you for your desire to attend Advanced Quest this summer. Advanced Quest is open to all young men who have graduated from Quest in a prior year, and takes place on our Big Sandy, TX, campus June 29<sup>th</sup> through July 26<sup>th</sup>. 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

*IAA does not discriminate in its admissions or educational policies and programs on the basis of race, color, or national and ethnic origin.*

## Completion Checklist

- Student Application
- Parent's questionnaire
- Medical History form
- Liability release form
- Personal photograph taken within the last 6 months (if others are in the photo, please indicate which person you are)
- \$25 non-refundable processing fee

## Cost Breakdown

Non-refundable Application Fee	\$ 25
Program Fee	\$ 1,750
Medical Deposit (Refundable)	\$ 200
<b>Total Cost</b>	<b>\$1,975</b>
\$100 Early Payment Discount (applicable if full payment is postmarked by June 3, 2019)	\$ 1,875

Please submit this form to us via mail with all the above documentation

**Quest - Attn: Student Application-Advanced/ 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: \_\_\_\_\_ Name known as: \_\_\_\_\_

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

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

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

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

## Background

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Parents' (Guardians') Names: \_\_\_\_\_

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

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

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

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

Name of School: \_\_\_\_\_

**Personal** (to be filled out by student applicant)

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Are you a Christian? (pick best answer)  Yes  Not Sure  No (Please provide details to support your answer) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes, when did you become a believer? \_\_\_\_\_

Do you ever doubt your salvation? If yes, how often? \_\_\_\_\_

If you are a Christian, please describe your salvation experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a regular routine of prayer and Bible reading?  Yes  No (If yes, how often?) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What is the biggest struggle in your life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you struggle with purity in your thought life? (thinking about things you shouldn't)

Yes  No

If yes, please explain: \_\_\_\_\_

**Personality** (to be filled out by student applicant)

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Please describe your personality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

How often do you have conflict with your parents/guardians about the type of music you listen to or movies you watch?  Never  Occasionally  Often

**Personal Vision** (to be filled out by student applicant)

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What are some of your life's goals? \_\_\_\_\_

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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 do you want to attend Quest? \_\_\_\_\_

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\_\_\_\_\_ Is attending your choice?  Yes  No

What do you think about when you are alone? \_\_\_\_\_

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Advanced Quest is four weeks of learning to embrace Christ-like Leadership. Are you committed to let God (through the course content and leaders) mold you into what He wants you to be?  Yes  No If no, please explain

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By checking this box I certify that I, the student applicant, have completed this student portion of this application and that the answers are my own.

Student's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Student Paper**

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In 500 words, explain in your own words what you think Leadership really means.

# Quest 2018 Advanced APPLICATION

## Parent's Questionnaire

We request that the father (if possible) fill out this questionnaire. The information that you as parents provide is vital for our being able to effectively work with your son. Please take time to share as much as you can, and use extra paper if necessary.

Name of Parent/Guardian completing application: \_\_\_\_\_

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

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

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How do you see Advanced Quest helping your son achieve your goals for him?

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

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

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Please describe your relationship with your son: \_\_\_\_\_

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Would you say that your son generally understands authority structure?  Yes  No

At this time, does your son accept you as an authority in his life?  Yes  No

Besides yourself (and/or spouse), does your son generally accept other authorities that God has placed in his life? (i.e. teachers, clergy, etc.)?  Yes  No

Please elaborate on your son's willingness to yield to proper authority:

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

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By checking this box I certify that I, the student's parent or guardian, have completed this parent portion of this application and that the answers are my own.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Medical History Form

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Student's Name: \_\_\_\_\_

**HOME ADDRESS:**

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

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

**IN CASE OF EMERGENCY, NOTIFY:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**INSURANCE INFORMATION**  None *(Please attach a scan 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: \_\_\_\_\_



# Participant Agreement, Release and Assumption of Risk

In consideration of the services of International Alert Academy, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "IAA"), I hereby agree to release, indemnify, and discharge IAA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based and other recreational activities including but not limited to: hiking, biking, camping, river trips, swimming, climbing walls, rappelling, emergency training, etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsizing; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, IAA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless IAA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of IAA's equipment or facilities, **including any such claims which allege negligent acts or omissions of IAA.**
4. Should IAA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against IAA, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I give permission to the International ALERT Academy to use my name, likeness or voice in any electronic, digital, or printed media.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against IAA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by IAA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless IAA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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