

Application for GLE-Forum 2019

July 29th- August 7, 2019

Personal information			
Christian Name		Passport Name	
Date of Birth		Place of Birth	
E-mail		Chapter	

Parent information			
Father's name		Mother's name	
Phone number 1		Phone number 2	
E-mail 1		E-mail 2	
Chapter		Chapter	

Bible Study Information	
How many years have you studied the Bible?	
What Books of the Bible have you studied?	

Spiritual Identity Information					
Do you want to receive the discipleship training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you sharing the Gospel and teaching the Bible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate what is your personal vision for your life.					

What are you looking to gain through the GLEF 2019?	
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Educational background information

Indicate your educational level	
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Native English Speaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→	<input type="checkbox"/> High	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Low
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Indicate your primary language	
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Medical information

Allergies	
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Medications Being Taken	
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Medical Insurance Company	
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Policy Number	
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This consent form gives permission to seek whatever emergency medical attention is deemed necessary, and releases University Bible Fellowship Church, G2elite, GLE's staff of any liability against personal losses of _____ (student name). I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the immediate attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event emergency treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date, and will, to the best of my /our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry leaders.

Request for scholarship?	
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Yes

No

Date, Signature Chapter Director	Date, Signature Parent(s)