

# Heroes Of Today

## Summer Application

Christian Training Center International  
234 Watchman Lane, Franklin, NC 28734 (828) 349-4919

- WNC Adrenaline Challenge  
 Heroes Challenge (14-17 yrs)  
 The Extra Mile (16-26 yrs)

FULL NAME: \_\_\_\_\_ D.O.B./ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip Code)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ PRESENT GRADE: \_\_\_\_\_

HOME CHURCH ADDRESS: \_\_\_\_\_

PASTOR'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

YOUTH PASTOR: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

PARENT(S)/GUARDIAN(S) NAMES: \_\_\_\_\_

DAYTIME PHONE:( \_\_\_\_ ) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: ( \_\_\_\_ ) \_\_\_\_\_

PRIMARY HEALTH INSURANCE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

INSURED'S NAME (If different than parent): \_\_\_\_\_

### HEALTH INFORMATION: (Please mark all that apply to you and give details of items checked.)

\_\_\_ ALLERGIES \_\_\_\_\_

\_\_\_ DIETARY RESTRICTIONS \_\_\_\_\_

\_\_\_ MEDICAL PROBLEMS \_\_\_\_\_

\_\_\_ PHYSICAL DISABILITIES \_\_\_\_\_

\_\_\_ MEDICATIONS REQUIRED (Type and dosage) \_\_\_\_\_

\_\_\_ SPECIAL NEEDS \_\_\_\_\_

In case of sickness or emergency I authorize such medical procedures as are deemed necessary at the discretion of the CTCI Staff, using qualified medical personnel or institutions. I understand that the activities at CTCI are organized and safe. In the event of mishap however, I agree to assume the risk for any injuries that my child may suffer and release CTCI and its Staff from any liability.

Signature (Parent or Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

During the course of stay, I understand that photographs may be taken of program participants at work and play. Some of these may be used in public relations and media resources of CTCI. I release these rights of photography and agree to the use of such pictures by CTCI.

Signature (Parent or Guardian if under 18) : \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Pledge:

While at CTCI, I, \_\_\_\_\_, agree to maintain and conduct high moral standards in dress and conduct. I understand that the use of tobacco, alcohol or illegal drugs is prohibited. I will not bring anything to CTCI that will detract from the goal of personal growth and wholesome activities. I will obey the rules and submit to the authority of the CTCI Staff.

Signature of H.O.T. Participant: \_\_\_\_\_

FOR THE APPLICANT: Please answer the following questions on a separate piece of paper.

1. Why are you interested in participating in the Heroes of Today program?
2. Please give a description of your relationship with Jesus Christ.
3. What are your favorite activities?
4. Do you have any special abilities or talents?

Please return application to : **CTCI / Heroes Of Today**  
**234 Watchman Lane**  
**Franklin, NC 28734**