



2017 FOUNDER'S WEEK MOODY BIBLE INSTITUTE STUDENT APPLICATION

Application received:
Date: _____
Time: _____

(Attach \$100 deposit with application)

Name: _____ Grade: _____
 Email : _____ Phone: _____
 Parent Email: _____ HR #: Sem1 _____
 Cell Phone #: _____ Sem2 _____

1. Why do you want to attend Founders' Week?
2. Do you have an interest in attending Moody Bible Institute at some point in the future? If so, what major?
3. Briefly describe your knowledge of Founders' Week. Do you know anyone who has gone in the past?
4. Do you feel a call to ministry? If so, describe!
5. List any CVCA trips you have attended with your group and advisor's name(s).
6. What activities are you involved with that take you out of class during the school year?
7. How many school days have you missed so far this year? _____
8. Your attendance is required to all events. Personal trips or visits are not an option. You must remain with the group at all times!
 I understand and agree to #8 _____

Due dates for Payment plan (if desired):

11/11/16- Deposit of \$100 due with application **(non-refundable)**

12/09/16 - Balance due

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

*** A \$100 Deposit must be included with application.
 Deposit will be refunded only if application is NOT approved!**



Cuyahoga Valley Christian Academy Activity Participation Agreement

ACTIVITY INFORMATION *(To be completed by activity sponsor)*

Name of outside sponsoring organization (if applicable): _____,

or Name of sponsoring school group: CVCA Moody Founder's Week Trip

Address: 4687 Wyoga Lake Rd. Cuyahoga Falls, OH 44224

Name of activity coordinator or responsible party: Phil Dipane, Linda Rocha, LT Newland

Description of activity:

Trip to Chicago for Moody Founder's Week

Date(s) and location of activity: February 8-12, 2017

PARTICIPANT INFORMATION *(To be completed by participant or an authorized guardian)*

Name of participant: _____

Address: _____

PARTICIPATION AGREEMENT

By signing below, the participant and parent/guardian acknowledge and accept the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of Cuyahoga Valley Christian Academy (CVCA) and/or the sponsoring organization, the participant and parent/guardian accept personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant and parent/guardian promise to hold harmless CVCA and the sponsoring organization and their respective representatives from any claim and/or injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant and parent/guardian agree to resolve the matter through a mutually acceptable arbitration process. If the parties fail to agree on a process, the parties agree to use the Institute for Christian Conciliation of Billings, Montana (406-256-1583) to establish a mediation/arbitration procedure.

Signature:

_____ Date: _____

(Participant)

Signature:

_____ Date: _____

(Parent/Guardian)