



Thanks for considering registration for Brethren Academy. This document should only be used as an aide in the registration process. Please review the application and type out answers to essay questions ahead of time. You may then copy and paste your responses into the online registration. This will prevent any risk of "timing out" of the form and losing your progress. The official registration form can be found at brethrenacademy.org/register.

Name: _____ Date of Birth: __ / __ / ____

Phone: _____ Email: _____

Age: _____ T-shirt size: _____ Gender: male female

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship to You: _____

Emergency Contact Phone #: _____

Home Church: _____

High School: _____

Year in High School: FR SO JR SR GPA: _____

Anticipated Graduation: __ / ____

Please list the name and contact information of an individual at your church with whom you share your faith journey.

Brethren Academy students are eligible to receive full scholarship as a student leader to their choice of camp or conference within their region. The purpose of these scholarships is to remove barriers for student leaders who would otherwise be unable to afford to engage in these events due to finances.

*NOTE: Students will need to register for camps or conference separate from this registration process. Scholarship recipients will receive follow-up information regarding next steps for event registration.

Please indicate which event scholarship you would like to apply for.

- Year in High School: Engage Conference Camp Bethany (OH)
 Camp Shiphewana (IN) Camp Peniel (PA)
 Camp Shenandoah (VA)

Share briefly about why you are applying for an event scholarship and how you believe it would benefit your discernment of ministry calling:

What interested in you about Brethren Academy?

What do you most hope to learn about during your week at Brethren Academy?

Are you involved in a church community? Are you involved in any ministries of the church (youth group, children's ministry, worship team, mission/service, etc)? Share about your involvement.

What are you feeling the Lord calling you to in vocation and ministry? (If you're going to college, what do you hope to major in? If considering work or a gap year, please share those plans.)

Medical Insurance Information

Company Name: _____

Group #: _____

Phone: _____

ID #: _____

Medical History (If Pertinent (Including, but not limited to, injuries, surgeries, allergies). Write "NONE" if not applicable):

Medication (Write "NONE" if not applicable):

Other Special Considerations (E.G., Dietary needs or accommodations. Write "NONE" if not applicable):

Parent Consent, Waiver, and Release

1. It is agreed that all risks attendant to watching and/or participating in event activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto.
2. I hereby certify that the above named participant is physically able to participate in the event and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by Ashland University to administer outpatient medical, surgical, or dental services as appropriate or necessary, antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.
3. I understand that by breaking any rules or guidelines during the event, participants may be sent home at their expense, regardless of cost or time remaining.
4. Any photographs, video, and/or audio taken during the event may be used for future promotional purpose via print, video and web. A written request to exclude participant must be on file prior to the start of Brethren Academy 2016. Such requests can be mailed or emailed to the Ashland University Office of Christian Ministry, attn: Brethren Academy, 401 College Ave, Ashland, OH 44805
5. In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge Ashland University and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants' behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I also hereby agree to save, hold harmless, and indemnify Ashland University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. I recognize that this Release means that I am giving up, among other things, rights to sue the University or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.