

# Horizons

July 5-10, 2009 Wonderful, Merciful Savior

## MALE STUDENT REGISTRATION ALL REGISTRATION MUST BE SUBMITTED ONLINE

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PARENT CELL PHONE: \_\_\_\_\_

HOME CONGREGATION: \_\_\_\_\_ PARENT NAMES: \_\_\_\_\_

### ROOMMATE CHOICE

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ AGE: \_\_\_\_\_

*NOTE: Roommate choice cannot be processed until both applications are received or until limit is met.*

T-SHIRT (adult sizes): S M L XL XXL Last school grade attended: 6 7 8 9 10 11 12

### CLASSES

This year, students in grades 6-8 and 11-12 will have the option to choose one class. Students in grades 9-10 will be attending a special class designed just for them.

If you are in grades 6-8, please choose **ONE** of the following

- SONG LEADING       PUBLIC LEADERSHIP

If you are in grades 11-12, please choose **ONE** of the following:

- ADVANCED SONG LEADING       PREACHING THE WORD       TEACHING THE BIBLE  
 YOUTH AND CHILD MINISTRY       COUNSELING       DISASTER RELIEF  
 MISSION WORK       CREATIVE TEACHING THROUGH TECHNOLOGY

PLEASE LIST ANY SPECIAL MEDICAL NEEDS: \_\_\_\_\_

OTHER NOTES: \_\_\_\_\_

SPACE IS LIMITED. ALL APPLICATIONS MUST BE RECEIVED BY MIDNIGHT ON WEDNESDAY JULY 1. NO APPLICATIONS CAN BE PROCESSED AFTER THIS DATE. APPLICATIONS ARE ACCEPTED UNTIL THE LIMIT IS MET FOR THE WEEK.

### AGREEMENT WITH PARENT OR GUARDIAN

In consideration of the acceptance of the above named applicant in the Horizons program, we/I, the undersigned parent(s) or legal guardian(s), as the case may be, covenant and agree that we will at all times hereafter indemnify, keep indemnified, and hold and save harmless Freed-Hardeman University, and its trustees, officers, employees, agents and representatives, from all actions, proceedings, claims, demands, costs, damages, and expenses, which may be brought against or claimed from Freed-Hardeman University, or which I may pay, sustain or incur as a result of illness, accident or misadventure involving the above named applicant at Horizons. We/I further release the University and its trustees, officers, employees, agents and representatives from any and all claims or liability and waive all such claims against the University or its trustees, officers, employees, agents and representatives the applicant's participation in Horizons, including but not limited to claims arising out of the negligent or intentional acts or omissions of others. By submitting this form, I hereby authorize the director(s) of Horizons to act for me according to his/her best judgment in any emergency involving medical attention for the applicant.

**FREED-HARDEMAN UNIVERSITY**  
**158 E. MAIN ST. • HENDERSON, TN 38340 • horizons.fhu.edu**