



## HEAR His Heart

(Hope, Equipping And Releasing)

Dear Parents

We are excited about extending an opportunity for your middle-school aged child to attend HEAR His Heart discipleship program. The purpose of this program is to train and guide youth into a deeper and more intimate relationship with Jesus Christ, and for them to discover the plans and purpose that He has for them. As the students grow in their intimacy and love for the Lord, they will go out into the community, locally and to other states, to share this love with others.

**Full parental support is vital.** Your role will include praying for your child and bringing them on time to each class and mission activity. Your support is also needed in many other areas, such as praying for the youth and its leaders, sowing monthly finances, and being involved when asked to help with trips by chaperoning, giving your testimony and teaching. The benefits of everyone working together will propel each child into a faith-based relationship with their heavenly father. It is important that each student finds the value of who they are at this time in their life.

If your child is interested in attending HEAR His Heart's discipleship program, please complete the attached application packet and return to Sharon Rowland at 10510 Camelback Circle, Charlotte, NC 28226.

Please feel free to contact me with any questions at 704-614-4474.

Sincerely,

Sharon Rowland

HEAR His Heart Application 2019 – 2020

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Church \_\_\_\_\_ Pastor and/or Youth Pastor \_\_\_\_\_

Describe your personal relationship with the Lord/prayer life (Relationship with the Lord, view of God, understanding of prayer, personal experiences with prayer, personal study of the Bible):

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(Attach additional paper if needed)

Describe any ministry experiences you may have been involved in ( Mission trips, children’s ministry, VBS, youth group, worship team, neighborhood ministry, ministry to family and friends):

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(Attach additional paper if needed)

Describe your expectations/vision for HEAR His Heart 2019 – 2020 and the reason(s) for wanting to participate in HEAR His Heart this year

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(Attach additional paper if needed)

Rate yourself in the following areas:

	Very Weak				Very Strong
Servant hood	1	2	3	4	5
Pure heart	1	2	3	4	5
Punctuality	1	2	3	4	5
Leadership	1	2	3	4	5
Ability to follow directions	1	2	3	4	5
Respectful	1	2	3	4	5
Responsible	1	2	3	4	5
Conflict resolution	1	2	3	4	5
Honesty	1	2	3	4	5
Relationship with Mom	1	2	3	4	5
Relationship with Dad	1	2	3	4	5

Are you willing to be committed to attending all HEAR His Heart meetings and outings for the 2019 – 2020 year? (Beginning September 2019 and ending May 30, 2020)

Yes

No

HEAR His Heart Expectations

**Practical Requirements & Commitments:**

- Expected to attend **all** Sessions (after 3 absences subject to review) \_\_\_\_\_(initials)
- Expected to bring Bible, journal and pen to every session \_\_\_\_\_ (initials)
- Expected to be on time \_\_\_\_\_ (initials)
- Be available to meet with a leader once a month and be willing to be mentored \_\_\_\_\_(initials)
- Cost:
  1. Enrollment fee of \$50 which covers the cost of a kick-off activity and T-shirt
  2. \$450 for the year (payment can be made in full at the beginning of year or \$50/ month). **\*\* If your child drops out you are still responsible for the total amount for the year\*\*** \_\_\_\_\_(initials)

**Leadership:**

- Be a role model to others
- Be willing to serve others around you
- Be willing to actively participate in HHH meetings and outreaches
- Regularly fellowship with other believers of Jesus Christ

**Spiritual:**

- Have a personal relationship with Jesus Christ, asking Him into your heart and desiring Him to be Lord of your life
- Have a desire to develop a deeper intimacy with the Lord
- Be willing to devote yourself to developing spiritual disciplines such as prayer, Bible reading and scripture memorization
- Willingness to grow in the fruits and gifts of the Spirit

**Behavior:**

- Be respectful of others and be willing to help develop a culture of honor
- Be teachable – Ask the Holy Spirit what is truth for you
- I will not use electronics during HEAR His Heart meetings and outreaches

**Requirements and Commitments:**

- I am committed to attending HEAR His Heart from 9/1/2019 – 5/30/2020
- My parents fully support my commitment to HEAR His Heart

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date signed

HEAR His Heart  
STUDENT Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Month/Day/Year

Current Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Please describe any medical conditions, medications needed or allergies:

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## HEAR His Heart

Waiver of Claim for Damages & Release of Liability HEAR His Heart, Charlotte, NC, September 2019–  
June 2020

As parent/guardian, I grant permission for \_\_\_\_\_ to travel with HEAR His Heart and to participate in all activities and travel related to these trips.

### Hospitalization Information

Insurance Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy No: \_\_\_\_\_

Circle one: HMO Group Plan Individual Policy PPO POS Other

PARENT STATEMENT: I assume full responsibility for \_\_\_\_\_'s

behavior and understand that the HEAR His Heart will not be held responsible in any way in case of accident or illness while my child is a participant in this organization. I understand that he/she is to obey all policies and rules established for these trips.

Signed \_\_\_\_\_ Date \_\_\_\_\_

All medication, ( prescription and non-prescription), for the youth on these trips are to be identified and their prescribed use acknowledged to chaperone in charge with name clearly labeled, including name of medication and directions for use. An up-to-date tetanus shot is required of all participants. Allergies, medications, special diets and medical/health concerns are listed below:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Authorization

Should my child sustain or incur any accident or illness with HEAR His Heart during the trip, I hereby authorize agents for HEAR His Heart to execute any and all documents, including any necessary releases, which might be required by any medical facility to perform any emergency care on my behalf.

In the event that my child has an illness or accident while with HEAR His Heart, which requires a visit to the doctor or hospital, any existing family insurance policies will assume the insurance coverage. Otherwise I/we understand we are responsible for all medical expenses. \_\_\_\_\_(initials)

**Release and Hold Harmless**

I, the undersigned parent or guardian of \_\_\_\_\_, in consideration of him,/her participating with HEAR His Heart trips agree and give my permission and approval for him/her to participate in any and all activities of said trips and hereby assume all risks and hazards of such participation; the undersigned hereby waive, release, and discharge any and all claims of the applicant the undersigned against HEAR His Heart , their heirs, affiliates, subsidiaries, agents, employees, contractors, and successors, and assigns on account of such participation, and expressly agree to indemnify and hold harmless said releases from any and all claims of the applicant and undersigned. In witness whereof, I have signed this waiver of claim for damages, release of liability, and authorization for travel and any medical treatment.

I, the undersigned parent or guardian of \_\_\_\_\_, allow him/her to participate in the water activities. \_\_\_\_\_ (initial required for approval).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

North Carolina/South Carolina \_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**(Notary Public)**

**My commission expires** \_\_\_\_\_.

**(Official Seal)**

## PHOTO/VIDEO RELEASE FORM

I hereby grant HEAR His Heart permission to use my likeness in photographs/videos, without payment or other compensation.

If the participant is under 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of \_\_\_\_\_  
(Child's Name)

and do hereby gives my consent without reservation to the foregoing on behalf of this person \_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)