

**Cross Country Emmaus Community
Chrysalis Request for Reservation
Caterpillar Information**

Desired Chrysalis Number (1) ____ (2)____ (3)____

Name _____ M___ F___ DOB___/___/___

Preferred "NAME TAG" Name if different: _____

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____ - ____ Home? ____ Cell? ____

Last Grade Completed _____

Name of Church _____ Denomination _____


Has Chrysalis been explained to you, including Chrysalis follow-up? Y___ N___


Could you attend on short (2-4 days) notice? Y___ N___

Are you on a special diet? Y___ N___ If YES, please explain: _____

Please enclose \$200.00 with this application. This is the full cost to you for the weekend. This is refundable up to (7) seven days before the weekend. Make a check payable to CROSS COUNTRY EMMAUS COMMUNITY. Scholarships are available but should be arranged through your sponsor and local mini-community. Your application cannot be processed before the full registration fee is received.
REGISTER ONLY IF YOU INTEND TO BE PRESENT FOR THE ENTIRE WEEKEND.

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended an Emmaus weekend. You will receive confirmation by mail, as well as a list of the necessary items to bring, when you are placed on a Walk.

Pilgrim's Signature _____ 

Pastor's Signature _____ 

Sponsor's Statement: As the sponsor of the above-named candidate, I have fully explained the requirements for the Walk to Emmaus 72-hour weekend. I have further explained the Post-Emmaus activities to the applicant to the best of my ability and what is prudent concerning the program.

Sponsor's Name _____

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

Mail this completed form with your check to:

<p>Christa Loftis, Registrar PO Box 383 Graham, Tx 76450 loftischrista@sbcglobal.net</p>	<p>(For use by Registrar CCEC)</p> <p>Date Received _____</p> <p>Amount Received _____</p>
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**Cross Country Emmaus Community
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Sponsor Page

(To Be Filled Out by Sponsor)

Sponsor's Name _____

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

Name of Church now attending _____

Denomination _____ Do you attend regularly? Y___ N___

Where did you go on a Walk? _____ When? ___/___/___ Walk# _____

Are you in a Reunion Group? Y___ N___

How many Pilgrims have you sponsored in the last year? _____

How long have you known the candidate? _____

Is this person a Christian? Y___ N___

Is this person active in a local Church? Y___ N___

Does the candidate have the physical and mental health needed for a Chrysalis Weekend? Y___ N___

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? Y___ N___

Why do you feel this person would be a good candidate? _____

It is extremely important that you, as the Sponsor, attend all the activities of the Walk weekend. As the Sponsor, will you:

Sign up for 72 Hour Prayer Calendar Y___ N___

Bring the candidate to the Chrysalis site after 6:00 pm and before 7:00pm? Y___ N___

Secure Agape Letters from Candidate's friends and family? Y___ N___

Attend Sponsor's Hour? Y___ N___

Attend Candlelight? Y___ N___

Attend the Closing Ceremonies? Y___ N___

Provide Agape items for the Chrysalis weekend? Y___ N___

Are you willing and able to assist the candidate to get into a Reunion Group? Y___ N___

Sponsor's Signature: _____

SIGN HERE

Date: ___/___/___

**Cross Country Emmaus Community
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Medical Release**

The **Cross Country Emmaus Community** requires that each person attending a Chrysalis weekend, have this form complete and on file before being allowed to participate in the weekend. Please fill in all blanks. Please type or print legibly.

I am the parent/guardian of _____ who has my permission to attend the Chrysalis Weekend beginning _____ and ending _____.

During that time I may be reached at:

Mailing Address _____

City _____ St _____ Zip _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

One Other Person/Relationship: _____

Phone (____) ____ - ____ Home? ____ Cell? ____ Work Phone (____) ____ - ____

Sex _____ Birth Date ____/____/____

Insurance Co. _____

Group/Policy # _____ Ins. Co. Phone (____) ____ - ____

Physician's Name _____ Physician's Phone (____) ____ - ____

City _____ St _____ Zip _____

Date of last Tetanus injection? _____ Is child currently taking medication? _____ If YES, please send medications in original container with instructions & contents.

Please list all allergies, medical problems, physical needs, etc. that we need to know about in case of an emergency. Also include any diet needs (the camp will try to accommodate these, but you may want to bring some extra food). (Use a separate sheet of paper, if necessary)

In the event of an emergency, and if my nearest relative/spouse cannot be reached by telephone, the **Cross Country Emmaus Community** STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my wellbeing.

Parent/Guardian Signature: _____  Date: ____/____/____

STATE OF TEXAS COUNTY OF _____ BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____, personally appeared _____,

known to me to be the person whose name is subscribed to the foregoing instrument and in my presence, affixed the same or having been duly sworn, states under oath that the signature was affixed by him/her, for the purposes stated herein.

NOTARY PUBLIC SEAL

**Cross Country Emmaus Community
Chrysalis Request for Reservation**
MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____,
parent and/or legal guardian of:

_____,
minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions:

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies.

Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____

Name: _____

Name: _____

PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X _____



Mailing Address: BCBA, P. O. Box 248, Lueders, Texas 79533

Physical Address: BCBA, 201 FM 142, Lueders, TX 79533

**Cross Country Emmaus Community
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Medicine Dispensing Form**

TDH laws require that all medication, prescription, or non-prescription drugs, be held at the camp first aid station and administered by camp approved medical personnel, who are on duty 24 hours a day.

If you need to send medication to the camp, please put it, along with this completed form, in a zip lock bag.

➔ ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINER FROM THE PHARMACY ⬅
NO BLANK PILL BOTTLES OR DAILEY MEDICATION BOXES

PUT THIS FORM IN THE ZIP LOCK BAG ALONG WITH THE MEDICINE

This medication belongs to: _____

Camper's Church: _____

Parent Name: _____

Day Phone: (____) ____-____ Night Phone: (____) ____-____

Parent will ____ will Not ____ allow over the counter medicines to be dispensed to their camper.

Exception: _____

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, Etc.)

Please indicate with a check mark if meds are taken but NOT brought to the camp:

Check	Medication Name	Dosage	Time AM/PM/Noon/Bedtime	Special Instructions

If medication is "as needed" Please tell us the circumstances in which to administer the medication:

Parent/Guardian signature:

