

**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:

PLEASE NOTE: WE NOW HAVE TWO REGISTRARS

Women's Registrar:  
Cindy Parker  
(254)212-9044  
womenswalkscparkar@gmail.com  
PO Box 53  
Woodson, TX 76491

Men's Registrar:  
Mary Beth Jordan  
(940)456-1294  
mbethjemmaus@gmail.com  
156 Thompson  
Newcastle, TX 76372

**(For use by Registrar CCEC)**

**Date Received** \_\_\_\_\_

**Amount Received** \_\_\_\_\_

**Cross Country Emmaus Community  
Chrysalis Request for Reservation  
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  
Chrysalis Request for Reservation  
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: \_\_\_\_\_

**SIGN HERE**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 \_\_\_\_\_

**SIGN HERE**

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

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

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

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**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:

\_\_\_\_\_

**SIGN HERE**