



CROSS COUNTRY CHRISTIAN COMMUNITY FLIGHT WEEKEND RESERVATION REQUEST

CATERPILLAR INFORMATION

Desired Flight Number (1) _____ (2) _____ (3) _____

Name _____ M ____ F ____ DOB ____ / ____ / ____

Preferred "NAME TAG" Name, if different: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Last Grade Completed: _____

Name of Church: _____ Denomination: _____

Has the Flight Weekend been explained to you, including Flight Weekend follow-up? Yes ____ No ____

Could you attend on short (2 to 4 days) notice? Yes ____ No ____

Are you on a special diet? Yes ____ No ____ If YES, please explain: _____

Please include \$200.00 (Cash/Check/Money Order) with this application. (If paying with Venmo, the cost is \$205.00.)

This is the full cost to you for the weekend.

This is refundable up to (7) seven days before the weekend.

Make checks/money orders payable to: **CROSS COUNTRY CHRISTIAN 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.*****

Scholarships may be available but should be arranged through your sponsor or local mini-community.

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended a Walk/Flight 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: _____ **SIGN HERE**

Pastor's Signature: _____ **SIGN HERE**

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

Sponsor's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Mail this completed form with your check to:

PLEASE NOTE: WE NOW HAVE TWO REGISTRARS

WOMEN'S / GIRLS REGISTRAR:
CINDY PARKER
(254) 212-9044
womenswalkcparker@gmail.com
P.O. BOX 53
WOODSON, TX 76491

MEN'S / BOYS REGISTRAR:
MARY BETH JORDAN
(940) 456-1294
mbethjemmas@gmail.com
156 THOMPSON
NEWCASTLE, TX 76372

(For use by 4C Community Registrar)

Date Received: _____

Amount Received: _____



CROSS COUNTRY CHRISTIAN COMMUNITY FLIGHT WEEKEND RESERVATION REQUEST

SPONSOR PAGE (TO BE FILLED OUT BY SPONSOR)

Sponsor's Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Name of Church now attending: _____

Denomination: _____ Do you attend regularly? Yes ____ No ____

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

Are you in a Reunion Group? Yes ____ No ____

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

How long have you known the candidate? _____

Is this person a Christian? Yes ____ No ____

Is this person active in a local Church? Yes ____ No ____

Does the candidate have the physical and mental health needed for a Flight Weekend? Yes ____ No ____

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? Yes ____ No ____

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 Chrystalis weekend. As the Sponsor, will you:

Sign up for 72-Hour Prayer Calendar? Yes ____ No ____

Bring the candidate to the Flight Weekend site after 6:00 pm and before 7:00pm? Yes ____ No ____

Secure Agape Letters from Candidate's friends and family? Yes ____ No ____

Attend Sponsor's Hour? Yes ____ No ____

Attend Candlelight? Yes ____ No ____

Attend the Closing Ceremonies? Yes ____ No ____

Provide Agape items for the Flight Weekend? Yes ____ No ____

Are you willing and able to assist the candidate to get into a Reunion Group? Yes ____ No ____

Sponsor's Signature: _____

SIGN HERE

Date: ____ / ____ / ____



CROSS COUNTRY CHRISTIAN COMMUNITY FLIGHT WEEKEND RESERVATION REQUEST

MEDICAL RELEASE INFORMATION

The **Cross Country Christian Community** requires that each person attending a Flight 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 Flight Weekend beginning _____ and ending _____.

During that time, I may be reached at:

Mailing Address: _____

City: _____ State: _____ 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: _____ State: _____ Zip: _____

Is child currently taking medication? Yes ____ No ____

If "YES," please send medications in their original container with instructions and 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 Christian 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 child's well-being.

Parent/Guardian Signature: _____

SIGN HERE

Date: ____ / ____ / ____



**CROSS COUNTRY CHRISTIAN COMMUNITY
FLIGHT WEEKEND RESERVATION REQUEST**

MEDICAL, SURGICAL, AND OTHER REQUIRED WAIVERS

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

who is a 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 an emergency arises 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, its 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: 201 FM 142, Lueders, TX 79533



CROSS COUNTRY CHRISTIAN COMMUNITY FLIGHT WEEKEND RESERVATION REQUEST

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 DAILY 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 any medications 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