

2018 Hi Sky Emmaus Walk Application

Dates for the 2018 Walks:

Men's Walks

March 22-25, 2018

September 20-23, 2018

Women's Walks

April 19-22, 2018

October 18-21, 2018

- Please note that the Reservation Request for each walk **MUST** be turned into the Community Registrar by the **Thursday one (1) week prior to the Walk's start date.**
- Walk fees are \$200 and will be deposited at the end of each week.
- Please make sure that the Reservation Request is completed as accurately as possible. All lines that are **highlighted** must be completed and must include the signatures of the pilgrim, sponsor and pastor or the Reservation Request will be returned to the sponsor for completion.
- Once the Reservation Request is received and accepted your pilgrims name will appear on the website for the walk in which they were accepted. In the event that a requested walk fills up, your pilgrim will be placed on a waiting list and the Registrar will notify the sponsor. If a slot opens up for your pilgrim, the Registrar will notify the sponsor.
- A letter of acceptance will be mailed about six weeks prior to the walk to both the pilgrim and sponsor.
- Any questions can be directed to the Hi-Sky Community Registrar via email at registration@hiskyemmaus.com.
- Reservation Requests can be mailed to Micah Hain, Hi-Sky Emmaus Registrar, P.O. Box 10370, Midland, TX 79702, **or** dropped off at 2101 Mark Ln., Midland, TX 79707 **or** given to a board member.

Mail To: Hi-Sky Emmaus Registrar P.O. Box 10370 Midland, TX 79702 Drop Off: 2101 Mark Ln. Midland, TX 79707	2018 Request for Reservation	<div style="text-align: center;">  <p>Hi-Sky Emmaus <i>Serving Christ and the Permian Basin since 1987.</i></p> </div> <div style="text-align: right;"> Website: www.hiskyemmaus.com <i>(Revised 12/2018)</i> </div>
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Please Print and Fill in Completely:

Check One: Clergy/Pastor Lay Person (non-Clergy)

Name: _____

Please indicate the name you would like on your name tag:

Home Address: _____

City/State/Zip: _____

E-mail Address: _____

Occupation: _____

Birth Date (mm/dd/yy): _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Check One: Married Single
 Widowed Divorced Separated

Spouse's Name: _____

Upcoming Hi-Sky Emmaus Walks					
Men's Weekends			Women's Weekends		
235	Mar 22-25, 2018	Due by 3/15/2018	236	April 19-22, 2018	Due by 4/12/2018
237	Sept 20-23, 2018	Due by 9/13/2018	238	Oct 18-21, 2018	Due by 10/11/2018

Fee: \$200 for all weekends

Refer to the calendar above to select the Walk you can attend and enter the walk number here: _____

Has the Walk to Emmaus been explained to you? ___ Yes ___ No

Could you attend on a minimum 7 days notice? ___ Yes ___ No

What do you expect from the Emmaus Weekend? _____

Church Name: _____

Applicant Special Needs, Medical and Emergency Contact Information

Note special dietary needs (low sodium, diabetic, gluten free, etc.):

Please list any health or physical handicaps which may require additional assistance.

Are you a Smoker? No Yes

Do you Snore? No Yes.

If yes, do you use a CPAP or BIPAP machine? No Yes.

If you are on any special medications, should we be aware of any specific instructions?

Emergency Contact: _____

Relationship: _____

Phone: _____

In the event of an emergency, and if my nearest relative and/or spouse cannot be reached, the Emmaus Staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well being.

Applicant's Signature: _____ **Date:** _____

SCHOLARSHIP REQUEST

No one will ever be prevented from attending a Walk to Emmaus for financial reasons. You and/or your sponsor, however, are asked to pay at least \$150.00 of the Walk fee. Scholarships from the Hi-Sky Emmaus Community Board are available for up to \$50.00. If additional assistance is needed, the sponsor may contact the Registrar. Please provide a brief statement, on a separate page, explaining the circumstances surrounding the need.

Sponsor Information – Please complete the following information

Please Print:

Sponsor's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone (____) _____

E-mail Address: _____

Name of your church: _____

Where did you attend your Emmaus/Cursillo/Chrysalis weekend?

When: _____ Emmaus/Cursillo/Chrysalis#: _____

Are you in a reunion group? ____ Yes ____ No

Name of Reunion Group: _____

Are you active in your local church? ____ Yes ____ No

How long have you known this candidate? _____

Is your candidate active in a local church? ____ Yes ____ No

Please explain any special physical or mental health needs of the candidate:

Why do you believe that this a good time for your candidate to attend the walk?

What characteristics does the candidate show that exhibits his/her commitment to Christ?

____ Yes ____ No

Are you praying for your applicant?

____ Yes ____ No

Will you personally bring your applicant to the Emmaus site on Thursday night?

____ Yes ____ No

Will you care for the needs of your applicant's spouse? (*Examples: Mow the lawn, help with emergency tasks, and offer childcare to give the spouse a break, help get the family to church?*)

____ Yes ____ No

If the applicant is married, have you discussed the Walk with their spouse?

____ Yes ____ No

Have you informed the applicant that they should expect to have no contact during the weekend, even for spouses, except in case of emergency?

____ Yes ____ No

The applicant is emotionally ready to go. There is no emotional strain that might indicate his/her weekend should be postponed?

____ Yes ____ No

Are you able and willing to assist the applicant to get into a Reunion Group following their walk?

____ Yes ____ No

Have you explained the post-Emmaus follow-up meetings? (*Babe Chick Meeting, Community Meetings, Reunion Groups?*)

____ Yes ____ No

Will you bring agape to the walk weekend? (*Food and/or Gift Agape?*)

As a sponsor you are responsible to participate in these events. Please indicate the events you will attend.

Registration
 Sponsor's Hour
 Candlelight
 Closing
 Babe-Chick/Community Meeting

I say "Yes" to Christ – I will fulfill my responsibilities as a sponsor in such a way that His Grace and Love are revealed to this applicant through my Christian Action. My signature on this application indicates my commitment to the high calling of servanthood.

Sponsor's Signature _____

Date _____

Clergy's (Pastor) Information and Signature

The focus of Emmaus is God, known through Jesus Christ, and how that relationship finds expression in the local church. The objective of the Walk to Emmaus is to inspire, challenge, and equip local church members for Christian action in their homes, churches, and places of work. Emmaus lifts up a way for our grace-filled life to be lived and shared with others. If you, as clergy, are unfamiliar with the Walk to Emmaus movement, we invite you to contact either the Hi-Sky Emmaus Community Lay Director or Spiritual Director with any questions or concerns. Contact information can be found at www.hiskyemmaus.com.

In your opinion, is this applicant a candidate for an Emmaus weekend? YES NO

Do you feel that this person should attend a Walk to Emmaus at this time? YES NO

Clergy's Church Name _____

Clergy's Church Address _____ City _____ State _____ Zip _____

Clergy's Church Office Phone (____) _____ E-mail Address _____

Have you attended a Walk to Emmaus or similar 3-day weekend? YES NO

➤ If not, are you interested in attending an Emmaus weekend? YES NO

➤ If so, where did you make your weekend? _____ When? _____ Walk # _____

➤ Are you interested in working an Emmaus weekend? YES NO

Clergy's Title and Name _____ **Clergy's Signature** _____

Registrar's Use Only!

Date Recvd _____ Check No. _____ Amount Paid _____ Scholarship Req _____ Letter Sent _____ Emailed LD _____

Placed on Walk: _____

Notes:



Circle Six Ranch Baptist Camp

Adult Medical/Liability Release Form

P.O. BOX 976 STANTON, TX 79782 | PHONE: 432.458.3467 FAX: 432.458.332 | INFO@CIRCLE6RANCH.ORG

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print legibly in dark ink. Return completed form to group contact person. **DO NOT MAIL TO CSRB.** The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to Circle Six property and participation in camp activities. Upon arrival, the completed form must be delivered to Circle Six administrators. Texas Law requires that the completed original medical form be kept in the Campus Nurses' Station and become a document of permanent Circle Six record.

CAMPER'S INFORMATION

CAMPER'S NAME			
BIRTH DATE	AGE	MALE []	FEMALE []
ADDRESS	CITY	STATE	ZIP
PHONE ()	OTHER ()	EMAIL	
OCCUPATION	EMPLOYER	CITY	
NAME OF CHURCH/GROUP WITH WHOM YOU ARE ATTENDING		CITY	STATE

HAVE YOU BEEN CONVICTED OF A FELONY YES NO IF YES, EXPLAIN _____

HEALTH INFORMATION

PRESCRIPTION MEDICATIONS TAKEN OVER THE COUNTER MEDICATIONS					
DO YOU PLAN ON BRINGING THESE MEDICATIONS WITH YOU TO CAMP*		YES []	NO []		
DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?					
RECENT SERIOUS INJURY	YES []	NO []	RECENT SURGERY	YES []	NO []
CHRONIC MEDICAL CONDITION	YES []	NO []	OTHER HEALTH CONCERNS	YES []	NO []
IF YOU CHECKED YES TO ANY ABOVE, EXPLAIN _____					
DATE OF LAST TETANUS SHOT		IMMUNIZATIONS CURRENT	YES []	NO []	
DO YOU HAVE ANY ALLERGIES TO ANY THE FOLLOWING? IF YES, PLEASE EXPLAIN.					
FOOD		DRUGS			
INSECT STINGS/BITES		OTHER			

* State law requires all medications to be placed in the Campus Health Center. All medications must be brought in the original bottle (prescription or over-the-counter) and properly labeled as prescribed by law.

EMERGENCY CONTACT INFORMATION

PERSON TO NOTIFY IN EVENT OF EMERGENCY		RELATION	
PHONE NUMBER OF CONTACT PERSON	DAYTIME ()	EVENING ()	
FAMILY PHYSICIAN		PHONE NUMBER ()	
MEDICAL INSURANCE COMPANY		PLAN OR GROUP #	
INSURED ID OR MEMBER #		INSURANCE COMPANY PHONE NUMBER ()	

It is recommended that you attach a photocopy of your family medical insurance card.

ADULT COUNSELOR AGREEMENT

I, _____, acknowledge the above information is correct to the best of my knowledge. Furthermore, I give permission for Circle Six Ranch Baptist Camp staff to provide and authorize any medical treatment necessary.

X _____ *Required Signature* _____ *Date*

REQUIRED PASTOR, STAFF, OR GROUP DIRECTOR STATEMENT (STATE LAW REQUIREMENT)

The person above is known by me. To my knowledge, this person HAS NOT been convicted of any crimes committed against minors in his/her background. I ASSUME FULL RESPONSIBILITY FOR THIS PERSON SERVING AS A CAMP COUNSELOR WORKING WITH MINORS.

X _____ *Pastor, Staff Member, or Group Director* _____ *Date*

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CIRCLE SIX RANCH BAPTIST CAMP hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Rock Climbing Wall, Swimming Pool, Camping, Basketball, Football, Baseball, Softball, Volleyball, Paintball, Horseshoes, Archery, Archery Tag, Rifle Range, Disc Golf, GaGa Ball, Bazooka Ball and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, Internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Circle Six Ranch Baptist Camp from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities."

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of CIRCLE SIX RANCH BAPTIST CAMP reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all CIRCLE SIX RANCH BAPTIST CAMP programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____
Required Adult Attendee/Participant Signature

Date

CSRBC has permission to use any photographs/videos of person listed on this form for brochures, videos, advertising, web page or other promotional items. I/we further understand that these photos/videos will only be used for CSRBC promotional purposes.

CIRCLE SIX POLICIES

1. Prank supplies are not allowed (i.e. Shaving cream, water balloons, water guns/blasters) in the buildings. Please request Circle 6 approval for use of these supplies outdoors.
2. Adult supervision is required at the pool. At no time is a student to go to the pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate Godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool. Shoes are required to and from every activity.
5. Please refrain from Public Display of Affection (PDA) with girlfriends/boyfriends.
6. Please refrain from fighting.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, conference center or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. ONLY adults should bring a cell phone. We want to ensure attention is placed on the students for safety reasons.