

# 2019 Hi Sky Emmaus Walk Application

Dates for the 2019 Walks:

## Men's Walks

September 19-22, 2019

## Women's Walks

April 25-28, 2019

- 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](mailto:registration@hiskyemmaus.com).
- Reservation Requests can be mailed to Micah Hain, Hi-Sky Emmaus Registrar, P.O. Box 4983, Midland, TX 79704, **or** dropped off at 1304 W. Texas Ave., Midland, TX 79707, Attn: Micah Hain **or** given to a board member.

**2019 Request for Reservation**

**Mail To:** Hi-Sky Emmaus Registrar  
P.O. Box 4983  
Midland, TX 79704

**Drop Off:** 1304 W. Texas Ave.  
Midland, TX 79707  
Attn: Micah Hain



**Hi-Sky Emmaus**  
*Serving Christ and the Permian Basin since 1987.*

**Website:**  
[www.hiskyemmaus.com](http://www.hiskyemmaus.com)

*(Revised 12/2018)*

**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		
<b>240</b>	Sept 19-22, 2018	<b>Due by 9/12/2018</b>	<b>239</b>	April 25-28, 2018	<b>Due by 4/18/2018</b>

**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.):  
\_\_\_\_\_

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

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

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Are you a Smoker?  No  Yes

Do you Snore?  No  Yes.

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

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](http://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 Baptist Camp & Conference Center

# Adult Medical/Liability Release Form

P.O. BOX 976 STANTON, TX 79782 PHONE: 432.458.3467 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 CSBC.** 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 office 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 during Summer Camp season. 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 NUMER ( ) \_\_\_\_\_

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

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

X \_\_\_\_\_  
Required Signature

\_\_\_\_\_  
Date

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

CIRCLE SIX 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 Baptist Camp & Conference Center 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 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 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*

*CSBC 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 CSBC promotional purposes.*

*I do not wish to be added to the mailing list to receive updates about Circle 6 Baptist Camp & Conference Center.*

### 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.