

Registrar Use Only

Date Rcvd: _____

Deposit Rcvd: \$ _____

Check #/name:

EMMAUS WALK APPLICATION

Greater Cincinnati Emmaus Community
www.cincinnatiemmaus.org

Note: Prior to the weekend, names of pilgrims are included on our website. If you do not want your name posted, please indicate by circling the following: DO NOT POST MY NAME.

Section 1: Participant's Information

Name (as you wish to appear on name tag)	Gender (circle) M / F	Birthdate: MM/DD/YYYY
Home Address – street	Preferred Ph.# w/ area code	
City	State	Zip Code
Email Address	Cell Ph. # w/ area code	
Spouse's Name	Spouse Ph. # w/ area code	
Has your spouse, parent, or child attended an Emmaus Walk, Chrysalis Flight, or Face to Face Encounter? If yes, please give the date attended, location, and Walk/Flight/Encounter #.		
Sponsor's Name	Sponsor Ph. # w/ area code	
Name of Close Friend (other than Sponsor)	Friend's Ph. # w/ area code	
Friend's address: street, city, state, zip	Friend's Email	

WALK APPLICATION

Name of Church you attend		Phone # w/area code
Address: street, city, state, zip		
Pastor's Name	Pastor's Email Address	
Has the Walk to Emmaus been explained to you? <i>(circle answer)</i>		
YES / NO		
Have Sharing Groups and Monthly Gatherings been explained to you? <i>(circle answer)</i>		
YES / NO		
State briefly why you want to attend the Walk to Emmaus.		
Signature		Date

Please attach a **deposit of \$25** to be applied to the total cost of \$125. This deposit is non-refundable but may be transferred to another Emmaus Community. A deposit is required to secure a place 'in line'. WHEN ALL 3 SECTIONS HAVE BEEN COMPLETED, GIVE THEM TO YOUR SPONSOR TO SUBMIT.

Sections 2 & 3 are to be kept at the Walk location once Pilgrim has signed in.

WALK APPLICATION

Section 2: Participant’s Special Needs & Medical Information

The purpose of Sections 2 & 3 is to provide Medical Information in the unlikely event that medical Treatment is necessary during an Emmaus Walk. All information will remain confidential.

Full Name of Participant (print)		Emergency Contact (relationship)	
Emergency Contact - Street Address		Emergency Contact Ph. # (home/cell)	
City		State	Zip Code
Primary Care Physician & Ph. #		Preferred Hospital & Ph. #	
<p><i>If the participant requires medication (prescription or over-the-counter) or any other type of medical attention for any preexisting medical condition, please provide the necessary information on a separate piece of paper so proper care can be provided during the Emmaus Walk.</i></p>			
<p>Are you allergic to any medications? If so, explain:</p>			
<p>Will you bring any medications (prescription or over the counter) to the Emmaus Walk? If so, explain each medication, dosage, and frequency.</p>			

WALK APPLICATION

Do you have any **dietary restrictions or concerns** (i.e. vegetarian, diabetic, food allergies, etc.)? If so, explain:

Do you have any allergies (i.e. bees, iodine, nuts, etc.)? If so, explain:

Do you have any **mobility or ability concerns** (need assistance, trouble with stairs, difficulty hearing, etc.)? If so, explain:

Do you have any **sleeping concerns** (apnea, use C-PAP, heavy snoring)? If so, explain:

Additional information regarding your special needs and medical health that you feel the Team should know about:

WALK APPLICATION

Section 3: Authorization for Medical Treatment

In the unlikely event that medical intervention is necessary for the Participant, every attempt will be made to contact the individual designated as "Emergency Contact Person." Only if that person cannot be reached in an emergency during the Emmaus Walk for which permission has been granted for the Participant to participate, I hereby give my permission to the Emmaus Leadership Team to hospitalize at preferred hospital (or any hospital reasonably accessible), secure medical treatment and order and injection, anesthesia or surgery for myself as deemed necessary. I understand that I am liable for any expenses incurred due to emergency treatment. I understand all reasonable safety precautions will be taken at all times by the Greater Cincinnati Emmaus Community and its agents during the Walk sponsored by same. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Greater Cincinnati Emmaus Community, its Board of Directors, its leaders, employees or volunteer staff liable for damages, losses, diseases or injuries by the subject of this form.

Participant's Name (print)	
Participant's Signature	Date

Give this completed application and \$25 deposit to your sponsor, for submission to the community registrar.

Checks payable to: Greater Cincinnati Emmaus

Mail along with Sponsor's application to:
Emmaus Walk Registrar c/o St. Paul Community UMC
8221 Miami Ave., Madeira, Ohio 45243