



Christ is Counting on You

☪ An Offer to Serve ☪

Jesus Said, "I am among you as one who serves." Luke 22:27

Name:		Home Phone:	
EMAIL:		Work/Cell Phone	
Address:			
City:		State:	Zip:
Home Church:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Are you a member of the Clergy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location & Time of your Reunion Group:			
So others may experience the Walk to Emmaus, I offer to serve on the:			
Date of Walk:		Location:	Men's <input type="checkbox"/> Women's <input type="checkbox"/>
<input type="checkbox"/>	Kitchen Team	<input type="checkbox"/>	Music Team
<input type="checkbox"/>	Decorations Team	<input type="checkbox"/>	Love Team
<input type="checkbox"/>	Agape Team	<input type="checkbox"/>	Team that needs me the most
<input type="checkbox"/>	Snacks Team	<input type="checkbox"/>	Other
Do you play an Instrument or sing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe
Any Medically imposed dietary Needs? (attach additional sheet if necessary)			
Emergency Contact:			
Relationship:		Phone:	
Address:			
City:		State:	Zip:
If you are under 18 you must also complete the parental permission sheet. (see next page)			
Please list all members at your address that have attended a Walk, Cursillo, Chrystalis or similar 3 day event. This will help keep our database current!			
Name	Relationship	Walk or Flight or ?	Number or Year

NOTE: To help cover the cost of meals and othr expenses, please contribute \$35.00 for the Walk weekend and an additional \$20.00 if you attend the Team weekend. Make checks payable to EMMAUS (For Scholarships: Contact the Community Lay Director)

Send or email your completed form to: **Lois Scott**
 email: walkservant@ncnec.org
 110 Laurelwood Drive, Folsom, CA 95630
 Phone: 916-989-0325

TO BE COMPLETED BY PARENT OR GUARDIAN (if you are under 18):

_____ has my/our permission to attend the Chrysalis weekend. In the event of emergency my authorization for emergency treatment is provided below.

I (we) the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the medicine practice act or a dentist licensed under the provisions of the dental practice act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL (DATE)* _____

* ASSUMED EFFECTIVE FOR ONE YEAR FROM DATE OF SIGNATURE BELOW UNLESS OTHERWISE SPECIFIED)

SIGNATURES OF PARENT(S) OR GUARDIAN(S):

_____ DATE _____
_____ DATE _____

In the event that your child must return home before the weekend is over, or in case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone: _____ or _____

Please list any restrictions, allergies, medications being taken, medical problems, special diet, physical or health limitations or other pertinent information so that appropriate arrangements can be made:

Recent stresses in child's life that would affect his/her participation:

INSURANCE INFORMATION:

Insurance Provider _____ Policy # _____

Subscriber's Name _____

Medical Release Revised: 02/98