

RAINBOW'S END

A Closer Walk

REQUEST FOR RESERVATION

- ⇒ Please **PRINT** the answers to all questions. The Information is needed for proper placement in the Walk to Emmaus.
- ⇒ Register only if you intend to be present for the entire weekend. Each person registering should be sponsored by someone who has already attended a Walk to Emmaus.
- ⇒ We must have your signature on the Medical Release, your pastor's signature, and your sponsor's signature before your request can be considered.
- ⇒ The fee for all weekend is **\$225.00** Send the full amount of the registration fee with this application. (MAKE CHECKS PAYABLE To: **RAINBOW'S END COMMUNITY**)
- ⇒ **Return the completed reservation and fee to your sponsor. Sponsor will complete their information and mail to: RAINBOW'S END COMMUNITY, Attn: Registrar, P.O. Box 726, Odessa, Tx. 79760**
- ⇒ When an applicant is placed on a walk, the sponsor and the applicant both receive information about the walk prior to the **WALK** weekend.

NAME: _____ **Circle One: MALE FEMALE**

ADDRESS: _____
(Street) (City) (State) (Zip Code)

Email Address: _____

Home Phone: _____ **Work Phone:** _____ **Alt.:** _____

Your Birthdate: _____ **Name desired for your name tag:** _____
(mm/dd/yy)

Church Now Attending: _____

WALK DATE: _____

In consideration of room accommodations, Please answer the following:

Please list any pertinent information that may affect your attendance at A Closer Walk weekend, or how we may help. (Attach a separate sheet if necessary)

Diet Restrictions: _____ Allergies: _____

Physical Handicaps: _____ Medications: _____

Other Information: _____

Present Occupation: _____ Married ___ Single ___ Divorced ___ Widowed ___ Separated ___

Name of Nearest Relative or Spouse: _____ Phone: _____

Has the Walk to Emmaus, including Post-Emmaus, been explained to you? _____

State briefly why you wish to be involved in the Rainbow's End Community and what you expect from it:

Pastor's Signature: _____ **Print Name:** _____
Pastor, Have you attended an Emmaus, Cursillo, or Tres Dias weekend? Yes _____ **No** _____

MEDICAL RELEASE

In the event of an emergency, and if my nearest relative and/or spouse cannot be reached by telephone, 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.

Your Signature: _____ Print Name: _____ Date: _____

Scholarship Request

No one will ever be prevented from attending a Walk to Emmaus sponsored by RAINBOW'S END, A CLOSER WALK COMMUNITY for financial reasons. Scholarships are available for up to 50% of the fee depending on the amount in the scholarship funds. Please provide a brief statement explaining the circumstances surrounding your needs.

SPONSOR

Sponsor's Name (PRINT): _____

Sponsor's Address: _____

Email Address: _____

Home Phone: _____ Work Phone : _____ Alt: _____

Name and Denomination of your church: _____

Are you active in your local church? _____ Your Walk # _____ Community _____

Candidate's Name (Print): _____	Walk # _____
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How long have you known this candidate? _____ Is the candidate active in their local church? _____

Explain any special physical or mental health needs of the candidate: _____

Why should this person be a good candidate? _____

It is important for the success of the walk for you to be a fully participating sponsor. If you cannot answer YES to all of the following questions, then attach a separate sheet explaining why you cannot fulfill the sponsor's duty. These explanations will be reviewed before the application is processed.

- Yes No Are you praying for your candidate?
- Yes No Will you personally bring your candidate to the Walk site on Thursday night?
- Yes No Will you care for the needs of your candidate's family?
- Yes No If the candidate is married, have you discussed the Walk with their spouse?
- Yes No Have you informed the candidate that they should expect to have no contact during the weekend, even for spouses, except in the case of emergency?
- Yes No Will you bring agape food and agape gifts to the walk weekend?
- Yes No Have you explained the post Emmaus follow-up i.e., Babe Chick meeting, Community meeting, Reunion groups?
- Yes No Are you able and willing to assist the candidate to get involved in a Reunion Group?

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

Registration and Send Off Sponsor's Hour Candlelight Closing Babe-Chick/Community

As a sponsor, I say "YES" to Christ — to fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to the high calling of servanthood.

Sponsor's Signature: _____ Date: _____

When your candidate is placed on a specific weekend, you will receive a letter with further instructions, A copy of the registrar's letter to your candidate, and a request that you confirm whether or not your candidate will attend.

Sponsorship is the most important job in Emmaus.

The quality of sponsorship influences the Pilgrim, the health of the Emmaus movement, and the Church being affected by Emmaus. Thank you for your dedication and effort to promote the Emmaus vision of developing Christian leaders who will strengthen the local church.

Mail Completed application and fee to:

Rainbow's End Community Attn:

Registrar
P.O. Box 726
Odessa, Texas 79760
432-530-7139

RAINBOW'S END A CLOSER WALK COMMUNITY
PILGRIM MEDICAL AND EMERGENCY INFORMATION
PLEASE PRINT

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Nearest Relative / Spouse Name: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Additional Emergency Contact – Name: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

DOCTOR: _____ **Phone:** _____

INSURANCE: _____ **Phone:** _____

Please list all allergies, medical problems, physical needs, etc. That we need to know in case of emergency. Please include any diet needs. The camp will try to accommodate these, but you may want to bring some extra food:

In the event of an emergency, and if my nearest relative / spouse cannot be reached by telephone, the Rainbow's End Emmaus staff has my permission to gain services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well-being.

Signature: _____ **Date:** _____



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

BAPTIST CAMP

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 CSRBC.** 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 []	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#	INSURANCECOMPANYPHONENUMBER ()

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, Bazoooka 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.

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