



SOUTH CAROLINA LUTHERAN  
**VIA DE CRISTO**

### Team Registration Form

Weekend applying for:

- Men's
- Women's
- Coed

**Please complete legibly!**

*"Rather, let the greatest among you become as the youngest, and the leader as one who serves." -Luke 22:26b*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Church \_\_\_\_\_

I have served on:  Via de Cristo  Kairos  TEC  Cursillo  Walk to Emmaus  Other (list below)

Last team served (list team #; include type & location if other than SC): \_\_\_\_\_

Positions served (list team #). (List type weekend & location if other than VdC in SC.)

- |   |   |
|---|---|
| <input type="checkbox"/> Head Cha _____                 | <input type="checkbox"/> Professor _____                |
| <input type="checkbox"/> Assistant Head Cha _____       | <input type="checkbox"/> Rollos given: _____            |
| <input type="checkbox"/> Chapel Cha _____               | _____   |
| <input type="checkbox"/> Head Chapel Cha _____          | <input type="checkbox"/> Silent Professor _____         |
| <input type="checkbox"/> Kitchen Cha _____              | <input type="checkbox"/> Professor Cha _____            |
| <input type="checkbox"/> Head Kitchen Cha _____         | <input type="checkbox"/> Rector/Rectora _____           |
| <input type="checkbox"/> Music Cha _____                | <input type="checkbox"/> Rollo Room Cha _____           |
| <input type="checkbox"/> Head Music Cha _____           | <input type="checkbox"/> Head Rollo Room Cha _____      |
| <input type="checkbox"/> Outside Cha _____              | <input type="checkbox"/> Special Palanca Cha _____      |
| <input type="checkbox"/> Head Outside Cha _____         | <input type="checkbox"/> Head Special Palanca Cha _____ |
| <input type="checkbox"/> Fourth Day Person/Couple _____ | <input type="checkbox"/> Secretariat _____              |

Leadership Training: I have attended  101  201

Fourth Day: I am active in  Group Reunion  Ultreya  Other \_\_\_\_\_

In the spirit of servanthood, I offer my service to the Lord in the position to which He calls me. I understand my commitment in time (e.g., attending team meetings for preparation) and money (e.g., team members pay \$200 as of 1/1/2026). **Team fees are due at the first team meeting or as otherwise arranged with the Head Cha.**

I have the following physical/medical conditions(s) that might limit my service: \_\_\_\_\_

\_\_\_\_\_

I use CPAP or other medical equipment.  Need help with transportation at camp.

Linda Wieloch  
SC Via de Cristo  
110 Crimson Lane  
Pickens, SC 29671  
864-884-1667

**(Continued on Reverse side)**

**HEALTH WAIVER AND ASSUMPTION OF RISK:**

Please remember that viruses can be spread through people who exhibit no symptoms of the virus. Via de Cristo and each participant completes a health checklist at the beginning of the retreat. Knowing this, Via de Cristo cannot guarantee or promise that proper social distancing will always occur between individuals. We cannot promise or guarantee that a person will not contract an illness from group participation. Via de Cristo does strive to take reasonable steps, and trust others who are attending to also take reasonable steps to avoid spreading illness. Therefore, you expressly agree to assume the risk through your attendance.

If you agree with the contents of this waiver, please sign and date here:

Signature \_\_\_\_\_ Date: \_\_\_\_\_