Weekend applying for:
☐ Men's
☐ Women's
☐ Coed

SOUTH CAROLINA LUTHERAN
VIA DE CRISTO

Team Registration Form

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.)

☐ Head Cha _____
☐ Assistant Head Cha _____
☐ Chapel Cha _____
☐ Head Chapel Cha _____
☐ Kitchen Cha _____
☐ Head Kitchen Cha _____
☐ Music Cha _____
☐ Head Music Cha _____
☐ Outside Cha _____
☐ Head Outside Cha _____
☐ Fourth Day Person/Couple _____
☐ Professor _____
☐ Rollos given: _____
_____
☐ Silent Professor _____
☐ Professor Cha _____
☐ Rector/Rectora _____
☐ Rollo Room Cha _____
☐ Head Rollo Room Cha _____
☐ Special Palanca Cha _____
☐ Head Special Palanca Cha _____
☐ 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.

Sharon Crout
3112 Girard St.
Sumter, SC 29150
sharoncrout@gmail.com
843 715-6024

(Continued on Reverse side)

Rev 5/19/2025

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:_____