

**South Carolina Lutheran
Via De Cristo**

Pilgrim Registration

PLEASE PRINT

Dates of Weekend _____

Name _____

Address (Street, City, State): _____

Phone: _____ Email: _____ M/F: _____

Do you require any special consideration for housing? (i.e., can you use stairs?) Please explain any special

Requirements: _____

South Carolina Via de Cristo is allowing registrants the opportunity to choose another Pilgrim as their roommate. If you wish to do so, list your roommate preference here: _____

Will you require any special medical attention? (i.e. Medicine, CPAP, Dietary restrictions, allergies?)

Please explain: _____

Do you understand that Via de Cristo is a continuing program of spiritual growth? Yes/No _____

Your church (Name, City, State): _____

Pastor's signature (Required): _____ Date: _____

Sponsor's Name (Required) _____ Phone: _____

Sponsor's Email: _____ Home address _____

Registrant's Signature (Required) _____ *Date* _____

Sponsor Signature (Required) _____ *Date* _____

Emergency Contact Name (Required) _____

Emergency contact Phone: _____ *Emergency Contact Email:* _____

(Form continues on back)

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: _____

Please return this completed form to your sponsor

*Sponsor is responsible for returning this completed registration form to the member of Secretariat responsible for Pre-Weekend Activities:

**Sherry Hirt
11 Pembark Lane
Simpsonville, SC 29681
sherryhirt@gmail.com**

*A non-refundable registration fee of \$50 must accompany completed registration form. A balance of \$125 is due upon arrival at camp for the retreat.

*Please make checks payable to SCVDC

Revised 1/08/2023