

**South Carolina Lutheran  
Via De Cristo**

**Pilgrim Registration**

***PLEASE PRINT***

Dates of Weekend \_\_\_\_\_

Name \_\_\_\_\_

Address (Street, City, State): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ M/F: \_\_\_\_\_

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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:

**Joey Hydrick  
2401 Kings Gate Lane  
Mt. Pleasant, SC 29466  
joey2mp@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