



Walk to
Emmaus
THE UPPER ROOM®

For the Development of Christian Leaders

SYDNEY EMMAUS COMMUNITY

APPLICATION TO ATTEND EMMAUS WALK IN 2009

Applicants are assured that all personal information given shall remain confidential under the Privacy Amendment Act (Private Sector) Act 2000.

TO BE COMPLETED BY APPLICANT *(Please print clearly to ensure correct spelling on nametag etc.)*

Name _____ Phone _____
(Mr Mrs Ms Miss Rev Pas Dr)

Address _____ Postcode _____

Name desired on Name Tag _____ Age _____

Email address _____ @ _____

Occupation _____ Church (Denom) _____

Pastor/Minister's Name _____ Church (Location) _____

Address _____ Postcode _____

Has the Walk to Emmaus been explained to you? Yes / No

State briefly why you wish to attend _____

2009 DATES - Please indicate Walk attending

Mens Walk #115 16 to 19 July **Womens Walk #116 30 July to - 2 August**

*Please enclose \$100 deposit with your application. Cheques payable to "Sydney Emmaus Community"
Total cost of the weekend is \$200. No receipt will be issued unless requested.*

TO BE COMPLETED BY SPONSOR

Name _____ Phone _____
(Mr Mrs Ms Miss Rev Pas Dr)

Address _____ Postcode _____

Email address _____ @ _____

Church (Location & Denom.) _____

Walk # and Location _____ Reunion Group _____

Marital Status of Applicant _____ Is spouse also being sponsored? Yes / No

Why do you commend this application? _____

PLEASE RETURN THIS FORM TO - Elva Harris, Registrar
Sydney Emmaus Community
1/97-99 Hammers Road, Northmead NSW 2152
Phone (02) 96361381 or 0407 197 990
Email registrar08@sydneyemmaus.org.au

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MEDICAL, DIETARY, SPECIAL NEEDS REQUIREMENTS

Name _____ Phone _____

Address _____ Postcode _____

Email _____ @ _____

Emergency Contact – Name _____

Phone Number _____ Relationship to you _____

MEDICAL CONDITIONS - please tick

- | | | | |
|--|------------------------------------|---|--|
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergy to any medications | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> EpiPen | <input type="checkbox"/> Epilepsy, fits or blackouts |
| <input type="checkbox"/> Disability or Chronic illness | <input type="checkbox"/> Other | <input type="checkbox"/> None | |

If Yes to one or more of the above – please give some detail to enable staff to cater for your needs _____

DIETARY NEEDS - please tick

- | | | | |
|-------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Coeliac (Gluten free) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Other nuts | <input type="checkbox"/> Lactose intolerant | <input type="checkbox"/> Other food allergy |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | | |

If Yes to one or more of the above – please give some detail to enable staff to cater for your needs _____

ACCOMMODATION – Beds are double bunk, usually 4 persons to a room – if you need the lower bunk, or have other special accommodation requirements please indicate. Each room has an en-suite

APPLICANTS RELEASE AND INDEMNITY

In consideration of the Uniting Church in Australia and the Sydney Emmaus Community –

- Except to the extent that the above name, its officers, leaders, agents and members are entitled to be indemnified by an insurer under a policy of insurance maintained by the Uniting Church in Australia, I hereby release and indemnify the Uniting Church in Australia and the Sydney Emmaus Community, its officers, other leaders, agents and members against any liability (including liability involving negligence) in relation to participation in any activity connected with the aforementioned, or when travelling to and from such activity.
- I authorise the Sydney Emmaus Community, in the event of injury or illness occurring in connection with any activity connected with the Walk to Emmaus, to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by them. I agree to pay all costs associated with such illness or injury.
- I give permission for my name, address, phone number and email address to be used for the production of Emmaus Walk and Community contact lists and in an Emmaus mailing data base.

Print Full Name

Applicant's Signature

Date

PRIVACY NOTE

The information asked for on this form is required so that your needs can be accommodated during the Walk, and so that we may provide you with the right care in the event of a medical emergency whilst on the Walk.

Sydney Emmaus Community is committed to protecting the privacy and security of personal information provided to us by you. The mailing database will be used to inform you about Sydney Emmaus Community, events and possible involvement in activities.