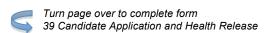
Candidate Application Form South Central Emmaus XXXIX • April 20 – 22, 2018 First United Methodist Church, 188 Rocky Rest Road, Shelton, CT 06484

Name:	Nickname:	
Male / Female (circle one) Age:	Grade:	Date of Birth://
Address:		
City:		Zip:
Home Phone: ()	Candidate's Cell Phone: ()	
Candidate's Email:	High School:	
Place of worship (if applicable):		
Have you been baptized?	_ (Not required)	
Parent or Guardian Name(s):		
Address:		
City:	State:	Zip:
Parent or Guardian email address:		
Please give a brief statement of why	ou would like to parti	cipate in this Emmaus Weekend:
Attached is: a check (payable to South		h for the \$50.00 weekend fee.*
	(circle one of the above)	
(Applicant signature)	(Parent/Guard	ian signature)
Date:	Date:	
Sponsor Name:	Phone:	()
	Phone:	()
(Clergy signature)		
Date:		

^{*} Complete the health information on the attached Medical Release Form and return it to your sponsor with the \$50.00 fee. Scholarships are available. Please talk to your sponsor if you need financial help.

South Central Emmaus XXIX Youth Medical Release Form

If I cannot be reached in a medical emergency, I give my permission for responsible representative(s) of the South Central Emmaus organization to secure proper treatment including hospitalization, anesthesia and surgery for: (Print or type name of youth) Medical information regarding youth named above (all information will remain confidential): MEDICAL CONDITIONS THAT MIGHT AFFECT YOUR YOUTH'S HEALTH DURING THE WEEKEND (please include usual treatment): **MEDICATION / FOOD ALLERGIES /** reaction and treatment if applicable: MEDICATIONS BEING TAKEN (please include indication, dosage and times): My youth will administer his / her own medications (yes / no) DIETARY RESTRICTIONS/PREFERENCES (ie. vegetarian) DO YOU GIVE PERMISSION FOR A RESPONSIBLE ADULT TO ADMINISTER Yes / No Motrin Antacids Benadryl Tylenol (circle all that apply) Health Insurance Company: Plan Type: _____ ID #: ____ Group #: _____ Name of Insured: _____ Family Physician: _____ Phone: (____) Signature of Parent or Guardian: _____ Date: ____ Home Phone: (____)_____ Cell (Name): (____)____



Email address: