

PLEASE PRINT CLEARLY –  
ONE APPLICATION PER PERSON

## ADULT CAMPER



## The Way to Antioch Application Form

**\*\*NOTE:** This is only an application. Notification of your assigned weekend will be made by mail or by e-mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. Incomplete applications will be returned. Placement will be made based upon date received, availability of space and discretion of the AntiochBoard. Please list an address & number where you can be reached.

### INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

E-mail \_\_\_\_\_ Gender: Male  Female

Your Occupation \_\_\_\_\_

Your Church \_\_\_\_\_ Member  Visiting

Pastor's Name \_\_\_\_\_

**\*\*If applicable:** Spouse Name \_\_\_\_\_ Spouse Cell # (\_\_\_\_) \_\_\_\_\_

### RETREAT OPTIONS

Men's Retreat

Women's Retreat

Spring

Fall

Check either Men's or Women's Retreat. Then, check Spring or Fall. Married couples are encouraged to attend consecutive weekends if possible. Please let your sponsor know as soon as possible if you are unable to attend. If you are unable to attend the assigned retreat, it will be necessary to reapply for future retreats.

### PERSONAL REFLECTION

1.) Why do you wish to attend this retreat? \_\_\_\_\_

2.) What do you hope to receive? \_\_\_\_\_

You must be sponsored on your retreat by someone who has completed The Way to Antioch or a similar retreat. After you completed this application, please give it to your sponsor. **YOUR SPONSOR MUST COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM.**

Applicant' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Medical Release Form (must have parent/guardian signature if not 18+)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_

PMH\_\_Diabetes\_\_(Insulin?\_\_)Seizures\_\_(Diastat?\_\_)Asthma\_\_(Emergency Inhaler?\_\_)Heart Issues\_\_(NTG?\_\_)

Medications used: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies or special dietary needs: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_ Epi Pen? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Pertinent Information/Significant Medical History/Physical limitations or restrictions: \_\_\_\_\_

Blood Type: \_\_\_\_\_ . Date of last Tetanus: \_\_\_\_\_

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In case of an accident or other emergency, I hereby grant the Mt. View Baptist Camp Superintendent permission to authorize medical attention by a physician or hospital as necessary.

Pursuant to the provisions of the civil code of the State of Kentucky, I the undersigned, do hereby authorize as agents, the Board of Directors of The Way to Antioch supervisors to consent to any treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the medical Practice Act, or by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care required, but is given to provide authority to give care which any physician may, in the exercise of his/her best judgment, deem advisable.

I further authorize that any of the above-named agents that have active status as Emergency Medical Technicians, may Perform care up to the level in which they are allowed, if deemed necessary by them.

I also allow any hospital or medical facility which has provided treatment, to surrender physical custody to my above-named agents upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.

I do hereby release The Way to Antioch Board of Directors and/or its designee from liability in case of accident. This authorization shall remain in effect until revoked in writing and delivered to the said agent.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# The Way to Antioch Application Form

## TO BE COMPLETED BY SPONSOR

\$130.00 enclosed (paid in full)

Mail completed application to:

The Way to Antioch  
1632 Murl Road, Monticello, KY 42633  
or email: thewaytoantioch@gmail.com

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List numbers that you can be reached at: Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Gender: Male  Female

Name and location of Church you are now attending: \_\_\_\_\_ Your

Pastor's name: \_\_\_\_\_

Do you attend regularly? Yes  No  Member  Visiting

Have you attended The Way to Antioch or a similar retreat? Yes  No

Name of retreat you attended: \_\_\_\_\_ Year you attended: \_\_\_\_\_

**Please verify the following statements by placing a check in each box preceding the statement.**

- \_\_\_\_ If applicable, I have discussed the retreat with my camper's spouse.
- \_\_\_\_ I believe the candidate has the physical/mental health needed for the retreat.
- \_\_\_\_ I am praying for my camper.
- \_\_\_\_ I have explained the Way to Antioch to my camper.
- \_\_\_\_ I am to bring my camper to the location of the retreat on Thursday at 6:00pm EST.
- \_\_\_\_ I will assist my camper's family while he/she is on the retreat.
- \_\_\_\_ I will attend all opening service of the retreat.
- \_\_\_\_ I will gather encouraging letters.
- \_\_\_\_ I will attend closing services.
- \_\_\_\_ I will accompany my camper to the follow-up service following my camper's retreat.
- \_\_\_\_ I will assist my camper in getting established into a Way Group after the retreat.

**The Way to Antioch is a method of Christian renewal in the church.**

Individuals recommended for this retreat are believers who are currently active in their local church. The Way to Antioch is not an evangelistic retreat but a disciple making retreat that helps equip believers to take what they've learned and use it to strengthen their local churches.

As a sponsor, you are required to provide information to the camper to assist him/her in the decision to attend a weekend, to help him/her enter fully into the Way to Antioch fellowship after the weekend, to provide prayer and other support, and to provide transportation to and from the camp. Please be sure to encourage BOTH husband and wife to attend The Way to Antioch. **As a sponsor, your signature is a covenant to a vital responsibility as a member of the Way to Antioch Community.**

Sponsor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name \_\_\_\_\_