

ReSource for Christian Spirituality and Kaua`i Association United Church of Christ  
 Kaua`i Sacred Day Walk  
 Tuesday, June 10 – Saturday, June 14, 2014  
 Koke`e State Park, Kaua`i

**Application/Registration Form**

**Please Print Clearly or type.**

Last Name	First/Middle	Date of Birth	Age May 31, 2013
Prefers to be called:		Gender _____ Male _____ Female	<b>Minimum age: 18 on 5/31/14</b>
Mailing Address			
City	State	Zip	
Home Phone ( )		Cell phone ( )	
Email			
Sponsoring Church	Church Street Address		
Church City/Town	State	Zip	
Sponsoring Pastor's Signature			
Date			
Person's Signature			
Date			
Application/Registration Fee* enclosed: <b>Make check payable to St. Michael and All Angels                  Episcopal Church (SMAA)</b>			
*If applicant number exceeds capacity, application fee will be refunded in full.			
<input type="checkbox"/> \$100 (full amount)			

**Mail ALL forms and Application/Registration Fee by May 9 to:**

Rev. Dr. Phyllis Meighen  
 Associate Clergy for Spiritual Formation  
 St. Michael and All Angels Episcopal Church  
 4364 Hardy St.  
 Lihue, HI 96766

For questions, contact Rev. Meighen at:  
 808-647-4346  
 or spirituality@stmichaels-kauai.org

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**Covenant for Participation**

The following covenant applies to all participants, volunteers, and leaders of Kauai Sacred Day Walk. If any violations or conflicts arise, they will be openly discussed with leaders. At the leaders' discretion, any violator may be required to return home at their own expense.

I, \_\_\_\_\_, AGREE TO HONOR THE FOLLOWING EXPECTATIONS:

I will treat all people with dignity and respect.

I will not use profanity.

I will respect the property of all people.

I will use the facilities made available to us with care. If I hurt or accidentally damage property, I will take responsibility for the damage done and inform a leader right away.

I will not smoke. I will not bring matches or lighter to the Kauai Sacred Day Walk.

I will not engage in sexual activity, or public displays of affection which distract from the group's purpose.

I will not bring or use alcohol and/or illicit drugs.

I will be mindful of others' rights to privacy.

I will not leave the group without notifying a leader, and I will honor any leader's decision concerning where I may go and with whom I may go.

I will participate in sharing and living my faith, being open, friendly, and respectful to others, and will fully participate in the activities and experiences of the Kauai Sacred Day Walk.

I will conduct myself in a responsible manner, always being mindful to guard my safety and health.

**Confidentiality:**

The participants will decide who is included in the circle of confidentiality. I freely agree to honor and support the decision of the group.

I will speak only from my own experience. I will decide how much I choose to share and how deeply I choose to share. I will honor the decisions of others in their choices.

I will not offer advice.

I will speak the truth in love.

I will keep CONFIDENTIAL everything that is shared in this group. This means I will not share anything I hear in this group with others outside the group. There is just one exception:

The pastor is subject to mandatory reporting laws if there is a suspicion of child abuse, elder abuse, or if the person may be a danger to self or others.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Combined Health Information and Permissions Form**

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**Personal Information**

Please print clearly:

Participant's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address (include City/State/Zip)  
\_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) Home: (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

**Health Information**

**Medical Insurance and Physician Information**

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Full Name of Policy Holder  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Immunizations** (give month/year if known)

Tetanus \_\_\_/\_\_\_ Polio \_\_\_/\_\_\_ DPT \_\_\_/\_\_\_ MMR \_\_\_/\_\_\_ Meningitis \_\_\_/\_\_\_ Hepatitis B \_\_\_/\_\_\_

**Allergies** (Check all that apply)

Hay fever \_\_\_ Penicillin \_\_\_ Sulfa \_\_\_ Other drugs (include name) \_\_\_\_\_

Bee sting \_\_\_ Poison ivy/oak \_\_\_ Foods \_\_\_\_\_ Other \_\_\_\_\_

**Health Concerns** (check all that apply)

Asthma \_\_\_ Skin condition \_\_\_ Sleep walking \_\_\_ Depression \_\_\_ Ear, Nose, Throat \_\_\_

Anxiety \_\_\_ Joints \_\_\_ Diabetes \_\_\_ Cramps \_\_\_ Hyperventilation \_\_\_ Convulsions \_\_\_

Heart disease \_\_\_ Fainting \_\_\_ Acne \_\_\_ ADHD/ADD \_\_\_

Special needs: large print \_\_\_ signing \_\_\_ hearing device \_\_\_ Other \_\_\_\_\_

Explain any "Yes" responses or other health or emotional concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Recent illness or surgery \_\_\_\_\_ Recent exposure to communicable disease \_\_\_\_\_

Special dietary needs/ instructions: \_\_\_\_\_

Are you in general good health and able to participate in all normal activities  Yes  No

Explain any restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications** (list only those needed during Kauai Sacred Day Walk):

**IMPORTANT: Medications brought from home MUST be in their original containers. Bring only the amount needed plus two extra doses. Do not bring a huge supply.**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Times to be taken \_\_\_\_\_

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**Over-the-Counter Medications**

Please fill out the following table of over-the-counter medications which will be offered if you can take them and have need of them. We will have a moderate supply of the items that are checked by participants.

Symptom	Medication	Yes	Symptom	Medication	Yes
Cough	Robitussin		Upset stomach	Mylanta Tums	
Allergy/Stuffy Nose	Claritin Claritin-D		Menstrual cramps	Ibuprofen Tylenol	
Mild allergic reactions	Benedryl antihistamine		Bug bites Poison ivy	Calamine caladryl	
Fever, headache, pain	Tylenol		Sunburn	Solarcaine Aloe	
Diarrhea	Kaopectate		Cuts, scrapes	Bacitracin, Neosporin	
Constipation	Prune juice, Grape Juice, applesauce				

**Emergency Treatment Authorization**

I authorize the Kauai Sacred Day Walk leaders, area hospitals, medical staff personnel, agents and employees to have access to information contained in this form and to provide all medical care, routine tests, and necessary transportation advisable for my health. I acknowledge that no representations, warranties, or guarantees as to the result or cures will be made. I hereby give my permission to medical staff to secure and administer treatment including hospitalization for myself.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photograph Release/Permission**

I give the Kauai Association UCC permission to use photographs, images, or likenesses of me ("my image"), alone or with other persons, without restrictions as to editing, for publication in any form in all print and electronic media of the KAUC, the Hawaii Conference and/or the United Church of Christ. I waive rights of inspection or approval prior to the use and publication of my image.

I understand that the KAUC cannot control the unauthorized use of my image by parties other than the KAUC once my image is published. I understand that the KAUC disclaims any responsibility for unauthorized use of my image after publication.

I release and hold harmless the KAUC, its directors, officers, members, employees, and agents from any claims, damages or other relief associated with the use and publication of my image by the KAUC.

This consent to use my image is voluntarily given and I waive all rights of compensation for the use and publication of my image by the KAUC.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Reflection on Faith and Leadership**

Applicant Name \_\_\_\_\_ Church \_\_\_\_\_

We *highly recommend* that you complete the following reflection to submit with your application form. You may complete this reflection in conversation with your pastor or priest, if you choose.

Although this form is not required, those who complete this reflection and submit it with the required forms will be given priority consideration.

1. How would you describe your relationship with God and/or Christ to someone who does not know you?

2. What experiences or events have been especially meaningful in shaping your relationship with God?

3. How would you describe what Christian leadership is?

4. What do you hope to gain from your participation in Kauai Sacred Day Walk?

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**POSTMARK DEADLINE: MAY 9, 2014**