

Instructions:

1. Fill out the personal information in the following boxes.
2. Get your parent's signature. No applications will be accepted without this signature. Also required is a medical consent form (attached).
3. Return the application **along with the \$110.00 registration fee to your sponsor.** You must be sponsored by someone who has been through Chrysalis or the Walk to Emmaus or other similar three day experiences.
4. You will be notified of your acceptance by email.
5. IMPORTANT: If you find out that you cannot attend, please contact the Registrar as soon as possible since there is usually a waiting list.

TO BE COMPLETED BY THE CANDIDATE

Personal Information (Please Print Legibly)

Name (For Your Name Tag): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Cell: (_____) _____

Birth date: _____

Gender: ___M___ F Age: _____ Grade/Yr.: _____

E-Mail: _____

T-Shirt Size: _____

Getting to Know You (Please Print)

Church Attending: _____

Pastor's Signature: _____

School You Attend: _____

School/Church Activities: _____

Do you require special meals? (If yes, please explain)

Do you have any major health problems, especially those that might affect your participation in Chrysalis? (If so, explain)

Special medications taken: (please list meds, and times taken).

State briefly why you wish to attend Chrysalis and what you expect from it: _____

Is there anything else the Chrysalis leaders may need to know in order to better meet your needs or serve you?

_____ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and I cannot be reached by phone, the Chrysalis Staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I understand that I can contact the Registrar (229-938-3916) at any time to discuss any concerns, special needs, or emergency contacts as needed.

Parent/Guardian Name (printed) _____ **Parent/Guardian Signature** (not required if over 18) _____ Cell Phone Number _____

Other Contact (if I cannot be reached) and Phone Number _____

To be completed by the Sponsor (sponsor must have attended Chrysalis, Walk to Emmaus or other 3 Day Experience)

Sponsor's Name: _____ Phone: (_____) _____

Email: _____ Cell: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsors return this form (with check) to: Rebecca Ferguson, Registrar 229-938-3916
 211 Forestside Circle, Americus GA 31709 chrysalisregistrar@live.com

Please print this form and either mail or email it to the Registrar as soon as you fill out your application.

*****Your Application will not be accepted until this SIGNED form is received!!*****

Under 18:

My/Our child, _____, has my/our permission to attend the chrysalis weekend. In the event of an emergency and I can not be reached by phone, the Chrysalis staff have permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Parent's/Guardian Signature: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Drug Allergies: _____

Over 18:

I, _____, intend to participate in the Chrysalis weekend. In the event of an emergency and my emergency contacts cannot be reached by phone, the Chrysalis staff have permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my well-being.

Participant Signature: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Drug Allergies: _____

Mail To:
Rebecca Ferguson, Registrar
211 Forestside Circle
Americus, GA 31709
229-938-3916

(or) Scan and Email To: chrysalisregistrar@live.com
Legible photos of the completed form are acceptable