

CANDIDATE INFORMATION

Name _____ On NameTag _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____ E-mail _____ Sex _____ Birthdate _____ Age _____

Name of School and City of School _____ Grade _____

Name of Church you attend _____ Denomination _____ Are you baptized? _____

Describe any food allergies or special diet needs (ex. diabetic, etc.) _____

Local Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

REFERENCES

Please provide us with two references that you know personally. These references can not include relatives.

Name _____ Relationship to candidate _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____ E-mail _____

Name _____ Relationship to candidate _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____ E-mail _____

CANDIDATE'S SIGNATURE

My sponsor and I have discussed the purpose of Chrysalis, Fourth Day, and Reunion Grouping. If I have any questions regarding Chrysalis, I will contact my sponsor. I am also aware that this is a weekend of worshipping Christ, and any discipline problems will immediately be sent home.

Signature _____ Date _____

TO THE PASTOR OF THIS CANDIDATE'S CHURCH:

CHRYSALIS is a spiritual growth experience for youth who are committed Christians and are already regularly attending church and participating in youth or church activities. Please sign below indicating your awareness of this application and your endorsement of the candidate as someone who would benefit from such an experience.

Pastor's Name (please print) _____ Signature _____

Phone Number _____ E-mail _____ Date _____

If you wish additional information regarding Chrysalis, please contact the Registrar: Leslie Brinks, 2572 Hidden Forest Cir., Henderson, NV 89074 (702) 897-4235

SPONSOR INFORMATION

Name _____ Your Walk/Flight # and Location _____ Year _____

Address _____ City _____ State _____ ZIP _____

Phone Number _____ E-mail _____ Church you're attending _____

As sponsor, I understand that I am agreeing to take responsibility for informing the youth and his/her parents of what this weekend entails, transporting this youth to and from the Flight, providing for any family needs of the youth during the Flight, attending all sponsor activities during the Flight, hosting the youth for Fourth Day Hoot, and assisting the youth in starting in a group. With God's help, I accept these responsibilities for this youth.

Sponsor's Signature _____ Date _____

(Rev: Nov. 2008)

FUNDING

Youth / Parents \$25.00 Sponsor \$75.00 Total \$100.00 (includes T-shirt)
\$25.00 of this total is non-refundable. Make check payable to the So. Nv. Walk to Emmaus.

Please notify us immediately if the candidate is unable to attend.
Please mail fees and application to:

Leslie Brinks
2572 Hidden Forest Cir
Henderson, NV 89074
(702) 897-4235

PARENT / GUARDIAN INFORMATION

Name _____
Address _____ City _____ State _____ ZIP _____
Phone Number _____ E-mail _____

MEDICAL RELEASE

I, the undersigned, do hereby give my consent and permission for my youth, _____ to attend and participate in the Chrysalis weekend, sponsored by the Southern Nevada Walk to Emmaus/Chrysalis Community.
We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency medical treatment on our behalf. This could include any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Every attempt will be made to contact the undersigned before the authority is exercised.
The undersigned shall be liable and agree(s) to pay for all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization. Furthermore, we (I) agree to hold the sponsors and the adults harmless from any and all claims arising from this weekend.
Should it be necessary for my youth to return home due to medical reasons or discipline problems, the undersigned agrees to assume any and all costs.

Medical Insurance Company _____
Policy Number _____ Group Number _____
Name of Insured _____ Social Security # _____
Name of Employer _____
List any and all allergies, special medical problems, or physical limitations that your child may have: _____

PARENT / GUARDIAN SIGNATURE

My youth's sponsor has discussed the purpose of Chrysalis, what happens on the weekend, where it is located and any other pertinent information. If I have any questions regarding Chrysalis, I will contact my youth's sponsor. I am also aware that this weekend is for worshipping Christ, and any youth with a discipline problem will immediately be sent home.

Parent Signature _____ Date _____
Date Rec'd: _____ Acceptance sent: _____ Flight/Journey #: _____ Date: _____