

Chesapeake Chrysalis Request for Reservation  
The Youth Walk to Emmaus

Application Date \_\_\_\_\_ Tee Shirt Size: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M\_\_\_\_/F\_\_\_\_  
First Name Nickname Last Name

Address: \_\_\_\_\_  
Street No. P.O.Box/RFD City State Zip Code

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Age: (\_\_\_\_) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address: \_\_\_\_\_ Print Clearly

Name of your High School/College: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Church: \_\_\_\_\_  
Name Town Denomination

Do you have a job? Yes/No If yes, what do you do? \_\_\_\_\_

Have you and your parents read the color brochure "Join Us for a Chrysalis Weekend"? Yes\_\_\_\_ No\_\_\_\_

In what church, school, or community organizations are you active?: \_\_\_\_\_  
\_\_\_\_\_

From whom did you learn about this program? \_\_\_\_\_

Are you on a special diet? Yes\_\_\_\_ No\_\_\_\_

Are you on special medication? Yes\_\_\_\_ No\_\_\_\_

When do you take the medication? (i.e. time of day/etc.): \_\_\_\_\_

Explain any yes answer(s) to the two questions above: \_\_\_\_\_  
\_\_\_\_\_

Please state briefly why you want to attend a Chrysalis weekend, what you expect from it, and anything else that you wish to share. \_\_\_\_\_  
\_\_\_\_\_

Please note that no written confirmation should be expected as a result of this application. Once selected for a weekend you will receive an invitation letter providing additional information on the weekend and instruction for acceptance. Any questions regarding the status of this application should be addressed to your sponsor(s).

Applicant's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

To be completed by sponsor(s) and mailed to:

Millie Hall  
28584 Fire Tower Rd.  
Laurel, Delaware 19956  
302-875-2458  
bulldogmgr@fast.net

Sponsors are asked to read the following statement carefully and to give their prayerful consideration. Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for Chrysalis should have an active desire to deepen their faith and their understanding of God's love and become closer to Christ in their daily lives and discipleship. A sponsor is requested to provide information to the applicant, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis weekend. **The cost is \$85.00**

Name: \_\_\_\_\_  
First Name Last Name Spouse (if any)

Address: \_\_\_\_\_  
Street/P.O. Box/RFD City State Zip Code

Home Phone: ( ) - - Cell Phone: ( ) -

E-Mail Address: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

When did you make your Emmaus/Chrysalis/Cursillo Weekend? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please furnish any additional comments that you feel could help the team understand and relate with the candidate. Comments about the candidate's family, personality, attitude toward life, doubts, difficulties, and hopes may be of significance.

Have you reviewed The Ten Steps to Sponsorship? Yes/No

Date of Sponsorship Training \_\_\_\_\_

If you are sponsoring within six months of your weekend or more than one person for a single weekend, you MUST have a co-sponsor. ALSO, if you are under 18 years old, you MUST have an Emmaus/Cursillo adult co-sponsor. Others may also have co-sponsors to assist them. (Suggestion: Adult sponsors please consider a youth Co-sponsor.)

Sponsor's Signature(s): \_\_\_\_\_

To be completed by Co-Sponsor(s), if any.

Name: \_\_\_\_\_  
First Name Last Name Spouse (if any)

Address: \_\_\_\_\_  
Street/P.O.Box/RFD City State Zip Code

Home Phone: ( ) - Work Phone: ( ) -

E-Mail Address \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

When did you make your Emmaus/Chrysalis/Cursillo Weekend? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Will you assist in ALL the sponsoring responsibilities? Yes/No

Co-Sponsors Signature (s): \_\_\_\_\_

For Registrar Use Only

\_\_\_\_\_  
Date Received Invitation/Sponsor/Caregiver Letter Sent Date Confirmed Amt. Paid

# Chesapeake Chrysalis Applicant Information Form and Release of Liability

## *Disclosure*

Policy for participation in the Chesapeake Chrysalis program requires that every participant have health/accident insurance coverage or waiver. In addition, certain health/medical information must be made known to the leader(s) conducting the program, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it with your Chrysalis application.

### Student Information:

School: \_\_\_\_\_ Date: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Does your son/daughter have health/accident insurance? Yes \_\_\_ No \_\_\_

If yes, name and address of company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Does your son/daughter have any limiting physical disabilities or handicaps (temporary or permanent)? Yes \_\_\_ No \_\_\_

4. Is your son/daughter currently taking medication (prescribed or otherwise, e.g. cold medicine)? Yes \_\_\_ No \_\_\_

If yes, state what he/she is taking, and what condition it is for: \_\_\_\_\_

5. Does your son/daughter have any allergies, reactions to medications, or any other medical limitations: Yes \_\_\_ No \_\_\_

If yes, identify and explain: \_\_\_\_\_

\_\_\_\_\_

6. Please list any over the counter drugs that your child may take in case of headaches, cramps, and/or stomach aches: \_\_\_\_\_

\*Your child may bring these medications with them or we will dispense the over the counter drugs if given permission.

I give Chrysalis leader(s) my consent to distribute medication to my child.

Parent/Guardian Signature: \_\_\_\_\_

**Chesapeake Chrysalis  
Release of Liability**

I understand the program will include traveling on bus or in vans from Seaford to Camp Pecometh, Camp Pecometh to Centreville UMC, and from Camp Pecometh to Seaford. I release Chesapeake Chrysalis, Chesapeake Emmaus, and any of its members from any liability for injuries or property damage that may occur as a result of my son/daughter's participation in this program and I give my full consent for \_\_\_\_\_ to participate in this program.  
(Student's Name)

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Authorization of Treatment**

I hereby give permission to the medical personnel selected by Chesapeake Chrysalis to order X-rays, routine tests, treatment, and necessary transportation for my child, and for Chesapeake Chrysalis to provide transportation to a medical facility as necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Chesapeake Chrysalis to secure and administer treatment, including hospitalization, for my child.

\_\_\_\_\_  
Signature of parent/guardian of Caterpillar/ Team Member

In case of an emergency, please contact: \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_

Date: \_\_\_\_\_