

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 /P.O.Box/RFD City State Zip Code

Preferred Phone: (_____) _____ Alternate Phone: (_____) _____

Age: _____ Birth Date: _____/_____/_____

Email 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:
Diane Murray
35214 Bayard Rd., Frankford, Delaware 19945
302-539-3024; 302-841-3613 (cell)
dhfish@mchsi.com

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 \$100.00.**

Name: _____
First Name Last Name Spouse (if any)

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

Preferred Phone: () _____ Alternate Phone: () _____

Email 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

Preferred Phone: () _____ Alternate Phone: () _____

Email 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: _____