

Tidewater Chrysalis Application

***** Applicants must be in at least 9th grade. *****

Name: _____ Date of Birth: ____/____/____ Male: Female:

Name you would like on your nametag: _____ T-Shirt Size: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School you currently attend: _____ Current Grade/Year: _____

Church you currently attend: _____ Pastor: _____

Has the Chrysalis Weekend and the follow-up gatherings been explained to you? _____

Do you play a musical instrument? If so, what instrument? _____
(Please feel free to bring it with you.)

State briefly why you wish to participate in Chrysalis and what you expect from this weekend?

Medical Information

Please list ALL medications you currently take:

Do you have any allergies or other medical conditions? _____

Do you have a special diet? Please specify: _____

Parent/Guardian Information

(Applicants under 18 must have Parent/Guardian signature.)

My child, _____, has my permission to attend the Tidewater Chrysalis weekend. In the event of an emergency, and if cannot be reached by phone, Chrysalis has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. We hereby release and discharge Chrysalis and its board and members from any liability from any illness or injury or damage that may arise from my child's participation in or travel to and from this event.

Yes No I give permission for my child's name, address, phone #, and email address to be included in a participant's roster and distributed to the team and other participants.

Yes No I give permission for my child to be photographed and for group photographs to be distributed to the team and other participants.

Parent/Guardian's Name: _____ Phone: _____

Emergency Contact (if parent cannot be reached): _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

****Please return completed application to your sponsor. Sponsor's Name: _____****

Tidewater chrysalis Sponsor's Application

Sponsor's Name: _____ Applicant's Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Church you currently attend: _____ Pastor: _____

Location and # of your Emmaus or Chrysalis Flight: _____

Please remember that a Chrysalis weekend is an intense program of Christian study and spiritual growth. It is not a weekend retreat or a cure-all. The applicant should be active in a church or campus ministry and should desire an opportunity to grow in Christ.

Before sponsoring an individual on a Chrysalis Flight, please make sure you are prepared to...

- Fully explain Chrysalis to your applicant and parents/guardians
- Acquire 10 special letters from the applicant's family, friends, and/or church community
- Make every effort to acquire the **\$160** participant fee
- Bring your applicant to the flight send-off
- Attend sponsor's hour, candlelight, and closing
- Provide transportation to Chrysalis Rushes and Emmaus/Chrysalis gatherings

****If you cannot complete any of these duties, you must arrange for someone to fulfill these responsibilities for you.**

Name of Person: _____ Phone # _____

Does the applicant have the physical/mental health required to participate in Chrysalis? _____

Please list/describe any information the team should be aware of regarding this applicant:

Sponsor's Signature: _____ Date: _____

Tidewater Chrysalis reserves the right to limit the number of participants per church/school in order to preserve the integrity of the weekend,

*****Please mail the participant's completed application, the completed sponsor's application, and the application fee of \$160 to...**

Tidewater Chrysalis P.O. Box 8534 Virginia Beach, VA 23450

Application fees can be paid by check or money order. Please make checks payable to Tidewater Chrysalis

_____ Check here if you may need confidential financial assistance

*******For Admin Use Only*******

Date apps received: _____ Date of contact (email or phone): _____ Date of confirmation: _____

Payment received from: _____ Amount: _____ Check #: _____

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