



Flight Number: _____ Flight Dates: _____ (boys / girls)

***You must be sponsored by someone who has been through Emmaus, Cursillo, or Chrysalis.
If you do not have a sponsor, let us know as soon as possible. We will try to find a sponsor for you.***

Chrysalis participants must be at least 15 years of age and enrolled in the 10th – 12th grade.

Candidate's Section

To be filled out by the candidate (please print clearly)

Full Name: _____ Name Tag: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Birthdate (mm/dd/yy): _____ / _____ / _____

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

Name of School: _____

School Activities: _____

Church you Attend: _____

Pastor's Name: _____ Signature: _____

Youth Pastor: _____ Signature: _____

Religious and community organizations (youth group, youth council, positions held, ... etc.)

Do you have any health problems and/or physical limitations that may affect your attendance of the Weekend? YES or NO If so, please explain: _____

Medically necessary dietary needs: _____

Are you on special medication? YES or NO If so, please list: _____

(Please bring any medication you are taking, along with a schedule of times, to give to a Chrysalis Team member.)

State briefly why you wish to participate in Chrysalis and what you expect from it:

Have the following been explained to you? Circle all that apply.

| | | | |
|-----------------------|-----------|----------------|-----------|
| The Chrysalis Weekend | YES or NO | Walk to Emmaus | YES or NO |
| RUSH | YES or NO | Fourth Day | YES or NO |

PLEASE READ THE FOLLOWING CAREFULLY.

I understand that the Chrysalis three-day experience is founded upon Christian principles. In order to allow all participants to gain the most from the three-day experience and to allow God to work in our lives through the Holy Spirit, all participants are asked to comply with the following:

Please leave all cell phones and other communication devices at home. In an emergency you will be permitted to use one of the telephones located on the premises.

Please leave all radios, CD players, mp3 players, iPods, computers, tablets, etc. at home. The music team will provide more than enough music for the weekend.

Please leave all cameras, camcorders, and other photographic and recording devices at home.

Please leave all skate boards and other recreational and athletic equipment at home.

PLEASE COME WITH THE INTENTION OF STAYING THE ENTIRE WEEKEND. If you have a conflict which requires you to leave before 6:00PM on Sunday evening, please wait and attend a later flight.

Please come with a spirit of openness, cooperation, and charity.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES LISTED ABOVE.

Candidate's Signature: _____ Date: _____

The total cost for attending the weekend is \$100.00 Please enclose a non refundable deposit of \$50.00 with this application. The balance is due at registration at Send Off.

Please make checks payable to Green Country Chrysalis.

Completed Application (with Medical Release and Sponsor Form) and deposits should be mailed to:

Green Country Chrysalis

PO Box 4252

Tulsa, OK 74159

REGISTRAR USE ONLY

Date Deposit Received: _____ Check No: _____ Check Amount: _____

Sponsor app rcvd: _____ Sponsor confirm sent: _____

Candidate confirm sent: _____

Sponsor's Sheet

To be filled out by sponsor (please print clearly)

Name: _____ Home Phone: (_____) _____ - _____

Address: _____ Cell/Work Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Church you attend: _____

Do you attend regularly? YES or NO

Where did you attend your Walk/Flight? _____

When? _____ Walk/Flight No? _____

Are you in a Reunion Group? YES or NO

How many candidates have you sponsored in the last year? _____

Are you praying for your candidate? YES or NO

How long have you known the candidate? _____

Why do you think/feel that this person would be a good candidate? _____

Is the candidate:

Physically able to participate in a Chrysalis Weekend? YES or NO

Mentally able to participate in a Chrysalis Weekend? YES or NO

Under any temporary emotional strain that might indicate his/her Weekend should be postponed?

YES or NO

Will you, the sponsor, commit to:

Make arrangements for your candidate to be at send-off? YES or NO

Assist the candidate to get into a Next Steps Group? YES or NO

Attend Weekend services? YES or NO

Care for the needs of your candidate over the Weekend? YES or NO

Are you aware of the importance of minimal contact with your candidate during the Weekend?

YES or NO

Have you experienced the Fourth Day meeting? Will you accompany the candidate to this meeting?

YES or NO

Sponsor's Signature: _____ Date: _____

Medical Release

To be filled out by parent or guardian if candidate is under the age of 18 (please print clearly)

I/We, the undersigned hereby acknowledge that I/we am/are the legal parent(s) or legal guardian(s) of the "minor child" listed below and have the authority to execute a medical release for said minor child to receive medical treatment in the event that such becomes necessary. In consideration for being accepted to participate in a Green Country Chrysalis weekend experience or subsequent events related to Chrysalis or Emmaus, or transportation to and from these events, I/we agree to the following for the period of time that my/our child is a minor that the Green Country Chrysalis board, or its designated representative, or any adult sponsor or team member of Green country Chrysalis shall have:

The authority to take my/our child to a licensed physician, dentist, or other health care provider to seek treatment as may be determined necessary.

The right to authorize examinations and treatment of my/our minor child as determined necessary by said health care provider.

The right to admit my/our minor child to any hospital, medical clinic, or other medical or dental facility as may be necessary and execute all forms on my/our behalf that may be necessary and required of said facility in order to examine and treat my/our minor child.

I/We hereby agree to indemnify and hold harmless the Green Country Chrysalis Board, the Green Country Emmaus, its members, its designated representatives, and any adult sponsor or team member from any and all liability, of whatever nature, resulting from the use and/or exercise of the authority granted herein.

Print Minor Child's full name: _____

Child's date of birth: _____

Printed Name(s) of Parent(s) or Guardian(s): _____

Signature(s) of Parent(s) or Guardian(s)

_____ Date: _____

_____ Date: _____

Home phone of Parent or Guardian: (_____) _____ - _____

Cell phone or alternative number: (_____) _____ - _____

Please list any medical allergies: _____

Medications being taken and medical conditions: _____

Special diets or other pertinent information: _____
