

# Central Alabama Chrysalis Application

**\$135 is charged for the weekend. Complete and return this form, including a \$75.00 non-refundable and non-transferable, reservation deposit.**



Make check payable to *Central Alabama Emmaus Community (CAEC)* and write *CHRYSALIS* on the memo line. Mail check and application to:

**Central Alabama Emmaus Community**  
**c/o: Chrysalis Registrar**  
**P. O. Box 241571**  
**Montgomery, AL 36124**

The balance of \$60 will be due on the first night on which you are scheduled to attend. Scholarships are available. Please check with your Church or Community Cluster about scholarships and/or submit a scholarship application available on the Central Alabama Chrysalis website. You will be notified of your acceptance along with the dates and location of your weekend. A letter will be sent to both the candidate and sponsor. Please notify the Registrar at 256-270-3576 and your sponsor, as soon as possible if you are unable to attend.

## APPLICANT INFORMATION

*Please print clearly and provide all requested information.*

TODAY'S DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's email: \_\_\_\_\_

Applicant's cell: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Current Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Have you been baptized? \_\_\_\_\_

T-shirt size (YL, S, M, L, XL, XXL): \_\_\_\_\_ Do you use Facebook? \_\_\_\_\_ Instagram? \_\_\_\_\_

School name: \_\_\_\_\_ Current grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ relationship: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ Parent/Guardian cell: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ relationship: \_\_\_\_\_

Alternate contact cell: \_\_\_\_\_

State briefly why you wish to participate in a Chrysalis weekend:

## FOR REGISTRAR USE ONLY

deposit \$ \_\_\_\_\_ cash/check # \_\_\_\_\_ balance \$ \_\_\_\_\_  
contacted Y N \_\_\_\_\_ date: \_\_\_\_\_ confirmed Y N \_\_\_\_\_ date: \_\_\_\_\_

**CONSENT AND LIABILITY WAIVER**

*This consent and liability waiver must be completed by the parent/guardian for youth under 18 years of age. This page must be notarized. Please contact the Chrysalis registrar if you need a notary.*

In consideration of the program to which my son/daughter will participate, I, as parent or guardian of my son/daughter do hereby agree to allow my son/daughter to participate in:

Central Alabama Chrysalis Flight # \_\_\_\_\_ held at \_\_\_\_\_ on the date(s) of \_\_\_\_\_ . Transportation will be provided by: \_\_\_\_\_ .

I acknowledge that a Chrysalis Board Representative or adult leader/sponsor will provide transportation to and from the event (if needed). I acknowledge and assume the risk of this transportation for my child releasing any liability for my child while being transported. My child must comply with the Central Alabama Chrysalis rules and procedures. I agree on behalf of myself, my son/daughter/participant named herein, to hold harmless, Central Alabama Chrysalis and its Board members, employees, and volunteers from any and all claims (unless due to the negligence of Chrysalis) for illness, injury, death and the cost of medical treatments therewith arising from or in any way connected with my son/daughter/participant attending the various programs and activities during the dates named above.

In the event of an emergency, we/I authorize an adult, in whose care the minor has been entrusted to, the right to consent to medical treatment for our/my child. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with any necessary medical treatment. In the event our/my child needs over-the-counter (OTC) medication or prescription medication, we/I authorize the entrusted individual to administer said medication and shall not be held liable in the event of illness. Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned will assume all costs.

Participant’s name (child): \_\_\_\_\_

Parent/Guardian (printed name): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_

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

**NOTARY**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Notary \_\_\_\_\_

## HEALTH INFORMATION

### INSURANCE INFORMATION

Insurance company: \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ Hospital coverage? \_\_\_\_\_ Y \_\_\_\_\_ N

Insured's Name: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ phone # \_\_\_\_\_

### MEDICAL INFORMATION

I hereby warrant to the best of my knowledge that my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency and you are unable to reach me, please contact:

Emergency contact: \_\_\_\_\_ relationship: \_\_\_\_\_

cell phone: \_\_\_\_\_ home phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ phone: \_\_\_\_\_

If there are any medical conditions or physical limitations that Chrysalis personnel should know about in order to help your child have a successful flight, please explain below.

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### ALLERGIES & DIETARY RESTRICTIONS

My child:

- is allergic to the following medication(s): \_\_\_\_\_
- is allergic to the following food(s): \_\_\_\_\_
- has special dietary needs (please explain) \_\_\_\_\_

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### MEDICATION POLICY

An adult Chrysalis representative will be designated as "nurse" for the weekend, and as such, will hold all medications for all candidates. All medications should be surrendered to the designated adult upon check-in for the weekend. The adult to whom the participant surrenders their medication has no medical training and will

not calculate dosages. Participants should know when to take their medication(s) and will need to take initiative to retrieve their medication(s) on time. At the conclusion of the flight, it will be the participant's responsibility to pick up any remaining medication(s). Because medical needs fluctuate, names of medications and exact dosages and frequencies/times should accompany all medication(s) upon arrival for the weekend. All over-the-counter (OTC) medications and prescription medications must be in original container with participant's name.

**Please read carefully and initial as necessary:**

\_\_\_\_\_ This child takes no medication.

\_\_\_\_\_ No medication of any type may be administered to this child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_ This child takes prescription medication(s) and will adhere to the medical policy above.

\_\_\_\_\_ This child takes OTC medication and will adhere to the medical policy above.

\_\_\_\_\_ In the event my child requires OTC medication not brought at check-in, I grant permission for the following OTC medication to be given in the recommended dosage by the Chrysalis adult leader:

- pain reliever            \_\_\_\_\_ Y    \_\_\_\_\_ N
- throat lozenge        \_\_\_\_\_ Y    \_\_\_\_\_ N
- decongestant         \_\_\_\_\_ Y    \_\_\_\_\_ N
- antacid                \_\_\_\_\_ Y    \_\_\_\_\_ N
- antihistamine        \_\_\_\_\_ Y    \_\_\_\_\_ N

**VIDEO/PHOTOGRAPHY CONSENT**

Parents/guardians of participants are advised that photographs or video of participants may be used in publications, websites (Facebook, Instagram, Central Alabama Chrysalis/Emmaus website) or other materials produced from time-to-time by the Central Alabama Chrysalis Community. Participants will not be identified without written consent. We/I hereby expressly assign to the Central Alabama Chrysalis Community and to all its agents, all the rights, titles and interest in, and to all photos and video recordings made by such in which my child appears and/or his/her voice is used in and in connection with the video recording of this event. We/I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photo without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs and/or video recordings.

**Parent/Guardian signature:** \_\_\_\_\_  
(for participants UNDER the age of 18)

**Participant signature:** \_\_\_\_\_  
(for participants OVER the age of 18)

## SPONSOR INFORMATION (to be completed by Sponsor)

**Chrysalis candidates must be sponsored by someone who has attended Chrysalis, Emmaus, Journey, Cursillo, or other such weekends.** Sponsors are asked to read the following statement carefully and to give it their prayerful consideration: *Chrysalis is a method of Christian renewal in the Church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and in their discipleship.*

*Please print clearly and provide all requested information.*

Participant's name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_

Where was your weekend? \_\_\_\_\_ Flight/Walk # \_\_\_\_\_

Are you in a Reunion Group? \_\_\_\_\_

Has Chrysalis been explained to the candidate? \_\_\_\_\_

Have Reunion Groups and Clusters been explained to the candidate? \_\_\_\_\_

Why do you feel your candidate would benefit from Chrysalis? Please include any pertinent information about the candidate that may help the Chrysalis team to meet their needs. Comments about the candidate's home situation, personality, leadership ability and especially any problem areas would be of great assistance and will be kept confidential.

As Sponsor, you agree to the following responsibilities:

- bring your candidate to their weekend
- attend Sponsors' Hour and pray for your candidate
- attend Candlelight
- attend Closing
- obtain necessary agape correspondence for your candidate
- assist your candidate in getting into a Reunion Group
- assist your candidate in participating in future Chrysalis and/or Emmaus events