

Central Alabama Chrysalis Application

\$125 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 Chrysalis (CAC)* and mail with application to:

Central Alabama Chrysalis

P. O. Box 680929

Prattville, AL 36068-0929

The balance of \$50 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 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: _____

Has Chrysalis been explained? _____ Have Reunion Groups and Clusters been explained? _____

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:

www.cachrysalis.com

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. A notary is available free of charge. 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.

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) _____

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 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? _____

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