

Chesapeake Chrysalis Request for Reservation

The Youth Walk to Emmaus



Application Date: _____

T-Shirt Size: _____

Student's Information

Name: _____			Sex: M / F
First Name	Nickname (if different)	Last Name	
Address: _____			Cell Phone Number: _____
Street/P.O. Box	City, State	Zip Code	
Birth Date: ____ / ____ / _____			Age: _____
Email Address: _____			<i>Please Print Clearly!</i> <i>Invitation will be sent via email.</i>
Name of your High School/ College: _____			
Last grade completed: _____			
Church: _____			Pastor's Name: _____
Name	Town	Denomination	
Do you have a job? Yes / No		If yes, what do you do?	
In what church, school, or community organizations are you active?			
From whom did you learn about this program?			
Dietary Restrictions: Gluten Free Dairy/ Lactose Free Soy Free Vegetarian/Vegan			
Food Allergy: _____		Other: _____	
Are you on any special medications? Yes / No			
If yes, please list medications and instructions:			

Student's Information Cont.

Please state briefly why you want to attend a Chrysalis weekend, what you expect from it, and anything else that you wish to share. _____

Parent Information

Name: _____

Cell Phone Number: _____

Relationship: _____

Secondary Emergency Contact: _____

Cell Phone Number: _____

Relationship: _____

Have you and your child read the color brochure "Join Us for a Chrysalis Weekend"? Yes / No

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 instructions for accepting the invitation. 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 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 _____ Please Print Clearly

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 ___

CoSponsor's Signature: _____

For Registrar Use Only

Date Received	Invitation/ Sponsor/ Caregiver Letter Sent	Date Confirmed	Amount Paid

Chesapeake Chrysalis Applicant Information Form and Release of Liability

Disclosure



The 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

Name: _____ Date: _____

School: _____

Does your son/daughter have health/accident insurance? Yes ___ No ___

If yes, name and address of company: _____

Does your son/daughter have any limiting physical disabilities or handicaps (temporary or permanent)?

Yes ___ No ___ Please explain/describe: _____

Is your son/daughter currently taking any medication (prescribed or otherwise)? Yes ___ No ___

If yes, state what he/she is taking, and what condition it is for: _____

Does your son/daughter have any allergies, reactions to medications, or any other medical limitations?

Yes ___ No ___ If yes, identify and explain: _____

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: _____ Date: _____

Chesapeake Chrysalis

Release of Liability



I understand the program will include traveling on a 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)

Parent/Guardian's Signature: _____ **Date:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Student's Signature: _____ **Date:** _____

Permission to Photograph

I hereby give permission for my son/daughter to be photographed while on the weekend. I also give permission for my son/daughter's name and church name to be published on the Chesapeake Emmaus Website.

Parent/Guardian's Signature: _____ **Date:** _____

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.

Parent/Guardian's Signature: _____ **Date:** _____

In case of an emergency, please contact: _____ at _____

Or _____ at _____