



Brazos Valley Chrysalis Community

Team Member Application

To be completed by team member – please type or print clearly:

Full Name:		Name preferred on nametag:		
Home address:		City, State, Zip:		
Home phone:		E-mail address:		
Date of birth (mm/dd/yyyy):		Age:	Grade completed by July:	
Name of school:				
Name of employer (if applicable):				
Name of church:			Pastor's name:	
Church address:			City, State, Zip:	
I attended Weekend # ____ which was a: ____ Chrysalis Flight/Journey ____ Walk to Emmaus ____ Cursillo ____ Happening ____ Other _____ on _____ at _____ (date) (location)				
List all previous team experience (include all Chrysalis, Emmaus, Cursillo, Tres Dias, Happening, Search, or other experience) Attach additional sheet if necessary.				
Name & Number	Date	Location	Position	Talk Given
List all church youth work experience (if applicable):				
List your 4 th Day activities:				
Are you attending a Reunion Group regularly? Yes ____ No ____			Day and Location:	
Will you commit to attending all Chrysalis team meetings for any team you agree to serve on? Yes ____ No ____				
Will you commit to be present throughout the entire 72-hour weekend? Yes ____ No ____				
Will you commit to serve in whatever position you are asked to serve? Yes ____ No ____				
Signatures (both are required):				
Team member's signature:			Pastor or Youth Director's signature:	

Important! Please read! The medical release on the reverse side of application is required. Applications for candidates under the age of 18 require parent or guardian signature and the medical release must be notarized.

Team member fees are due prior to the weekend. Please make check payable to "Brazos Valley Chrysalis" and turn it in at one of the team meetings. No smoking in any buildings at weekend site.

Mail completed form to:
Brazos Valley Chrysalis
P.O. Box 10491
College Station, TX 77842



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Team Member Medical Authorization

TO BE COMPLETED BY PARENT OR GUARDIAN OF TEAM MEMBER UNDER 18 YEARS OF AGE

I am the parent/guardian of _____, who has my permission to attend the Chrysalis weekend beginning _____ and ending _____.

During this time I can be reached at the following address and phone number:

Address: _____ Phone number: _____

Please list any allergies your child may have: _____

Other pertinent health information: _____

Is your child taking any special medication? Yes ___ No ___ Date of child's last Tetanus shot: _____

(if taking special medication, please send in original prescription container, labeled with instructions and contents.)

Child's doctor's name: _____ Doctor's phone number: _____

I understand that my child will be in the care of Chrysalis adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost of which I will be responsible for.

Signature of parent/guardian: _____ Date: _____

Please print your name: _____

Subscribed and sworn to before me, a Notary Public, in the state of _____, County of _____, this _____ day of _____, 20_____.

Signature of Notary Public: _____ Date: _____

My commission expires: _____ (Seal)

TO BE COMPLETED BY TEAM MEMBER 18 YEARS OF AGE OR OLDER

In case of emergency, please contact: _____ Relation to candidate: _____

Address: _____ Phone number: _____

Medical insurance information:

Insurance company name: _____ Phone number: _____

Policy number: _____

I hereby authorize any medical treatment that may be necessary to be administered, the cost of which I will be responsible for.

Signature of candidate: _____ Date: _____

Please print your name: _____