



CHRYSLIS APPLICATION

PLEASE TYPE OR PRINT LEGIBLY IN INK

- All 4 SIGNATURES ARE REQUIRED BEFORE FORM CAN BE PROCESSED
- RETURN THE COMPLETED FORM TO YOUR SPONSOR, SO THEY MAY FILL IN THEIR SECTION.
- **YOU MUST SUBMIT A BACKGROUND CHECK FORM WITH YOUR APPLICATION IF YOU ARE 18 YRS OR OLDER**

Chrysalis requested: Flight # _____ Date ____/____/____ Cost **\$125.00**

SECTION A: CANDIDATE INFORMATION

Last Name: _____ First Name: _____ Name Tag: _____

Male ☐ Female ☐ DOB: ____/____/____ Age: _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Email address: _____

Church Name and the denomination presently attending: _____

School: _____ Grade level: _____

Has Chrysalis been fully explained to you? Yes ☐ No ☐ Has Post Flight follow up been explained? Yes ☐ No ☐

Name of the local Chrysalis Next Step or Emmaus 4th Day Group for Post Flight gatherings that you would be attending (check with your sponsor if unclear what the name is) **Brazos Valley Emmaus Community 4th Day**

SECTION B: COVENANT OF CONDUCT

(1) The daily schedule will be followed at all times by participants. (2) No alcohol. (3) No illegal drugs. (4) No tobacco. (5) No inappropriate sexual behavior. (6) No willful destruction or abuse of property. Cost of repairs will be paid by those responsible for damage. (7) ALL medication will be listed with the designated adult. (8) Fireworks, firearms, skateboards, cell phones, cameras or other electronics; and any other items that may interfere with the purpose of the event are not allowed. (9) Misuse of snack food, which includes the ordering or delivery of food items, is not allowed. (10) No one may leave the site of the event. Cars brought by youth are to be parked and not moved until the end of the event. *Violation of Points 2-10 will result in the immediate expulsion of the participant from the event and parents and pastors will be called.* (11) Total cost will be paid by each applicant/candidate regardless of the amount of time spent at the event.

I have read the COVENANT OF CONDUCT and I agree to abide by all rules described therein.

Candidate's Signature: _____ Date: _____

SECTION C: MEDICAL INFORMATION

The applicant is taking the following medications: _____

All prescriptions must be sent in the original container, labeled with instructions and content.

Do you have special Health issues or Non-Food Allergies that would affect your participation on the Flight? Yes ☐ No ☐

If YES, please explain: _____

Do you have any Handicaps that would affect your participation on the Flight? Yes ☐ No ☐

If YES, please explain: _____

Are you on a special diet or have Food Allergies? Yes ☐ No ☐

If YES, please explain: _____

Date of last Tetanus: _____ Doctor's Name/Number: _____

SECTION D: INSURANCE INFORMATION

Name of Insured/ Relationship: _____ ID#: _____

Group/Policy #: _____ Eligibility Phone Number (Member Services): _____

Insurance Carrier Name/Address: _____

SECTION E: PARENT/GUARDIAN INFORMATION AND SIGNATURE

Parent/Guardian First Name: _____ Last Name: _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Cell Phone (____) ____ - _____

Email Address: _____

Please check all accepted statements before signing this application:

- ☐ My child, identified on this application, has my permission as parent/legal guardian to attend the Chrysalis event on the dates outlined on this application. During the event, I may be reached at the numbers above
- ☐ I understand that my child will be in the care of the adult volunteers of the Chrysalis Team. In the event that I cannot be contacted in an emergency situation, I hereby give my consent for medical treatment to be administered to my son/daughter under the supervision of a Chrysalis adult volunteer. I agree to be responsible for all expenses incurred in the treatment of my son/daughter.

Yes ☐ No ☐ May we publish your telephone number and home address on lists of participants distributed to other butterflies and team members during the event?

Yes ☐ No ☐ I would like my child to receive information by mail/email about upcoming events sponsored by:

☐ The Local Chrysalis/ Emmaus Group ☐ The Upper Room

Signature of Parent/Guardian: _____ Date: _____

SECTION F: SPONSOR'S SECTION

Sponsor's Last Name: _____ First Name: _____
Address _____ City _____ State ____ Zip _____
Home Phone(____) ____ - _____ Work Phone (____) ____ - _____ Cell Phone (____) _____
Email address: _____ I have known the applicant for (yrs/months): _____

Chrysalis FLIGHT retreats are designed to deepen the relationship young men and women have with Christ. It is a time of self-discovery and spiritual centering. Sponsors should consider carefully whether their candidate has the maturity to truly benefit from the Chrysalis event. Candidates for Chrysalis should understand the nature of the weekend and be willing to engage in the discussions and self-reflection necessary to make Chrysalis a meaningful experience. Every sponsor should reflect upon his or her motivation for wanting to sponsor a young person and make sure it is consistent with the purpose of Chrysalis. Some examples of mistaken purpose include: "to get all my friends to go"; to have a full weekend; to reproduce one's own religious experience in others; to "fix" a young person's problems or crisis. After prayerful consideration, I would like to propose that this applicant/candidate, who has been attending church, as a candidate for the Chrysalis event.

I have known this candidate for the time indicated above and I think this is a good time for this candidate to attend a Chrysalis. I understand that my responsibilities as a sponsor include: prayer for my candidate leading up to and during the event, as well as participation in the sponsor's events during the weekend, and any other duties outlined to me as a sponsor. I will make every effort to fully participate in the Chrysalis event for my candidate.

Sponsor's Signature: _____ Date: _____

SECTION G: CHURCH LEADER, PASTOR, OR YOUTH DIRECTOR SECTION

I understand the purpose of the Chrysalis weekend and agree that this candidate is spiritually and emotionally mature enough to benefit from the Chrysalis experience at this time. (PLEASE PRINT)

Name: _____ Church: _____
Address _____ City _____ State ____ Zip _____
Phone (____) ____ - _____ Email address: _____
Signature: _____ Date: _____

Check should be made payable in full to:	Brazos Valley Emmaus Community
Mail this completed form and fee to:	Brazos Valley Emmaus Community P.O. Box 10491 College Station, Texas 77845

BRAZOS VALLEY EMMAUS CHRYSALIS APPLICATION

Medicine Dispensing Form

Texas Department of Health Laws require that all medication, prescription or non-prescription drugs, will be held at the Camp First Aid Station and administered by Camp-Approved, Medical Personnel, who are on-duty 24 hours a day.

Parent / Guardian: (please circle one): Permission will / will not be allowed for over-the counter medicines to be dispensed to the above-named Minor.

Exceptions are: _____
(Example: cough drop, antacid, band-aid, acetaminophen, ibuprofen, etc.)

If you need to send medication to camp, please put it, along with THIS completed form in a zip-lock bag. Medication and the form will be turned over to the Camp-Approved Medical Personnel at the time of check-in.

[illegible]

REMEMBER. PLACE THIS FORM IN THE ZIPLOC BAG ALONG WITH THE MEDICATION!

This medication belongs to: _____

Parent Name: _____ Cell Phone: _____

Alternate Phone: _____

Candidate's Sponsor Name & Phone _____

Medication Name	Dosage	Dosage Time(s)	Special Instructions

If medication is only to be administered "as needed" please indicate the circumstances in which to administer the medication:

Chrysalis **Butterfly** Application Instructions

In accordance with the policies established by the Board of Directors, I ask that you take special note of the following questions on this Pilgrim Application. The Board has directed the Registrar to return any applications in which these questions are not fully answered and to request additional information before accepting the application.

INFORMATION REGARDING YOUR CHURCH MEMBERSHIP

Because Chrysalis is not intended to make disciples, but rather strengthen those who are already disciples, persons accepted for a Chrysalis Flight are expected to be **ACTIVE** members of a **CHRISTIAN** congregation. **ALL EXCEPTIONS TO THIS POLICY** must be approved in advance by the Community Spiritual Director(s), please make note of this before you send the application in; otherwise, the form may be returned. Please indicate on the form the NAME and DENOMINATION of the congregation of which you are an active member.

HAS THE CHRYSALIS FLIGHT BEEN EXPLAINED TO YOU? Make sure you are fully aware of what the Chrysalis Flight is all about, if you have a question, please ask your sponsor for more information. Your sponsor should not sign this form until he/she has explained Chrysalis and its follow-up to you.

INFORMATION ON SPECIAL NEEDS

It is especially important to know if you have any special needs or challenges. It is rare that any such need cannot be met, but so that you can participate fully in the Chrysalis Flight, we would like to know as far ahead as possible, in order that we can make your Flight a fulfilling experience for you. **NONE OF THIS INFORMATION WILL BE RELEASED EXCEPT TO THOSE RESPONSIBLE FOR MEETING YOUR NEEDS.**

SIGNATURES REQUIRED ON THE FORM

There are four signatures that are REQUIRED for reservation. All of them need to be present or the form will be returned to you for completion, delaying your reservation. **IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT THESE SIGNATURES ARE ALL PRESENT!**

1. **YOUR SIGNATURE** - This is your free commitment to accept God's invitation to attend the Flight. Therefore, the form must be signed by you personally, not your sponsor, spouse, friend, or parent (they cannot make such a free commitment for you). You are also agreeing to abide by the Code of Conduct of the Flight.
2. **YOUR CHURCH LEADER, PASTOR or YOUTH DIRECTOR SIGNATURE** - This signature is the commitment of the clergy member of the congregation that you serve to work with you in developing your service to God after the Flight. The clergy member does not have to have been on a Flight him/herself, however, the Flight is not intended to bypass or usurp the authority of the pastor of your congregation in any way. IF your pastor is opposed to your attending a Flight, it will be difficult for you to serve effectively after your Flight, and you may feel frustrated and discouraged. Your SPONSOR or the Spiritual Director of the Community may contact the Clergy member if he/she is hesitant or uncertain. **OBVIOUSLY, IT IS MEANINGLESS TO HAVE ANY MINISTER OTHER THAN YOUR OWN SIGN THIS FORM, SINCE THAT WOULD COMPLETELY DEFEAT THE PURPOSE OF THE PASTOR'S SIGNATURE.**
3. **YOUR PARENT'S SIGNATURE** - Giving permission for your participation in a Chrysalis Flight.
4. **YOUR SPONSOR SIGNATURE** – This is your sponsor's commitment to both you and to the Chrysalis Community, that he/ she is willing to help you prepare for your Flight, care for your family while you are away, and help you become more active in service after the Flight. This signature emphasizes the great importance the Chrysalis Flight places on your sponsor.