



CHRYSALIS APPLICATION

ALL FOUR 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 to you? Yes ☐ No ☐

Name of the local Chrysalis Next Step or Emmaus 4th Day Group for Post Flight gatherings that you would be attending **Brazos Valley Emmaus Community**

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. (11) Total cost will be paid by each applicant/candidate regardless of the amount of time spent at 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.

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 any Health issues or non-food allergies that would affect your participation? 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?

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 (if applicable)

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.

Name: _____ Church: _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email address: _____

Signature: _____ Date: _____

Check should be made payable in full and mailed to:

Brazos Valley Emmaus Community
ATTN: Chrysalis
P.O. Box 10491
College Station, Texas 77845

You may also pay online:

<https://tithe.ly/give?c=6764499>

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 check 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.

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

This medication belongs to: _____

Parent Name: _____

Cell Phone: _____ Alternate Phone: _____

Candidate's Sponsor Name & Phone _____

In the space below, please list any Medications, Dosage, Dosage Time(s) and any Special Instructions

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

Chrysalis Butterfly Application Instructions

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. Check out the Chrysalis tab at <https://bvemmaus.org/chrysalis>

INFORMATION ON SPECIAL NEEDS: It is important to know if you have any special needs or challenges. It is rare that any such need cannot be met. It is helpful to know your needs in advance so we can make your Flight a fulfilling experience for you. Only those responsible to meet your needs will have this information.

INFORMATION REGARDING YOUR CHURCH MEMBERSHIP: Chrysalis is not intended to make disciples but rather strengthen those who are already disciples. Teens accepted for a Chrysalis Flight are expected to be ACTIVE members of a CHRISTIAN congregation. ALL EXCEPTIONS TO THIS POLICY will be reviewed by the Community Spiritual Director.

SIGNATURES REQUIRED ON THE FORM: All required signatures must be on the forms before being submitted. They are: Teen, Parent, Sponsor and Pastor (see above).

IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT THESE SIGNATURES ARE ALL PRESENT!

1. **YOUR SIGNATURE** - This is your commitment to accept God's invitation to attend the Flight. The form must be signed by you personally. You agree to abide by the Code of Conduct of the Flight.
2. **YOUR CHURCH LEADER, PASTOR or YOUTH DIRECTOR 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.