

Northeast Texas Chrysalis Application for Registration

CANDIDATE INFORMATION - TO BE COMPLETED BY THE CANDIDATE

Candidate Name _____ Sex _____ Date of Birth _____
Age _____ Grade _____
Preferred Name _____ T-shirt Size S M L XL XXL _____ Other (Circle) _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Candidate Cell Phone _____
Candidate Email Address _____ Parent Cell Phone _____
Church _____ Pastor's Name _____

We would like for your pastor to know that you are attending the Chrysalis weekend. This is important so please discuss this with them and obtain his/her signature (see below). After the Chrysalis weekend was explained by your sponsor, do you or your parents have any questions you would like to discuss? _____ If so, when is the best time to contact you? _____

SPONSOR INFORMATION- TO BE COMPLETED BY THE SPONSOR

Sponsor's Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Church Sponsor attends _____ Relation to candidate _____
What Walk/Flight did you attend? _____ Location _____ Date _____

Have you informed the candidate that they should expect to have NO outside contact during the weekend except in the case of an emergency? _____ Will you personally bring the candidate to the Flight site? _____ Are you praying for your candidate? _____ Are you able and willing to assist the candidate in getting into a reunion group? _____ Have you explained the post-flight follow-up meeting? _____ As sponsor, I say "Yes to Christ" and will fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to this high calling of servant hood.

Candidate's signature _____ Date _____

Sponsor's signature _____ Date _____

Pastor's signature _____ Date _____

BE SURE YOUR APPLICATION IS COMPLETE!

We must have your signature, sponsor's signature, and pastor's signature. Candidate must be 15-18 years old and in completed the 9th grade. The medical release form (on the reverse side) must be completed and signed by a notary.

RETURN APPLICATION TO:

NET Chrysalis Registrar Jannet Dunham, PO Box 87, Ore City, TX 75683.

The cost for the weekend is \$45; make checks payable to NET Chrysalis. You will receive a confirmation letter that will include a list of things to bring to the weekend once your application has been processed and the flight has made.

Medical Authorization

This information must be provided AND NOTARIZED to attend the Chrysalis weekend.

I, _____, am the parent/guardian of _____
and give my permission for his/her attendance at the Chrysalis weekend beginning
_____ and ending _____. During this time, I may be reached at
_____ (home) or _____ (cell).

Candidate's Physician: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Date of last tetanus shot _____

Are there any medications, prescription or other, to be taken during the weekend? _____

If yes, provide all medications (prescription and over-the-counter) in the original container.

List ANY allergies _____

List ANY special dietary needs or restrictions _____

Does the candidate have any health or physical needs that require special attention? _____

If yes, please explain _____

I understand that my son/daughter will be in the care of Chrysalis adult staff members. In case of an emergency and if I cannot be readily contacted, I hereby authorize the administration of any medical treatment that may be necessary. I will be responsible for the cost of such treatments.

Signature of parent/guardian _____ Date _____

Subscribed sworn before me, a Notary public in _____ County, Texas this the
_____ day of _____, 20__.

Signature of Notary Public _____

Date my commission expires _____