

Bowling Green Area: Emmaus and Chrysalis Community Chrysalis Candidate Application

Chrysalis is a three-day experience of renewal, learning, and sharing in the atmosphere of a Christian community for: TEENS who are a high school student in their sophomore, junior or senior year. Chrysalis is not intended to help solve personal problems but is designed to help young people work toward a Christian way of life with community support.

You and/or your parent or guardian should complete, sign the candidate/parent sections, and return the application to your adult sponsor with a check for \$25.00 as a deposit, payable to "Bowling Green Area Chrysalis Community." Candidates must also submit a Parental Consent & Liability Form. Your sponsor will fill out the sponsor section and submit the application. Your \$25.00 deposit will be applied toward the total cost of \$65.00 (balance due at check in). Deposits are non-refundable unless the Chrysalis Flight fills up completely.

APPLICATION DEADLINE: Applications must be postmarked two weeks before the beginning of the Flight. **INCOMPLETE APPLICATIONS WILL BE RETURNED.** Ask your sponsor about a full or partial scholarship if you need one. Submitting this application does not guarantee your acceptance as acceptance is based on a first come first serve basis. You may be placed on a waiting list, as a limited number of spaces are available. You will be notified of your acceptance by a letter or email after your application has been processed. **IMPORTANT:** Please notify us **IMMEDIATELY** if you cannot come.

TO BE COMPLETED BY CANDIDATE:

Blue or Black ink only. Please print clearly.

Full Name: _____ M | F Name for Name Tag: _____

Date of Birth: ____/____/____ Age: ____ Grade: ____ High School: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email: _____ T-shirt Size: _____

PARENT/GUARDIAN INFORMATION: may be contacted and may assume care of candidate.

Parent #1: Full Name: _____ Candidate lives with you? Y | N

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ May we contact you by email? Y | N

Parent #2: Full Name: _____ Candidate lives with you? Y | N

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____ May we contact you by email? Y | N

MEDICAL INFORMATION:

Emergency Contact (other than parent/guardian)

Name _____ Relationship to Participant _____

Phones: (H) _____ (C) _____ (W) _____

Medical Insurance: Co. Name _____ Phone _____

Policy # _____ Group # _____

Primary Care Physician: Name _____

City _____ State _____ Phone _____

Do you require a special diet? Y | N If so, explain _____

Do you have allergies? Y | N If so, explain _____

Do you take medication? Y | N If so, explain _____

Do you have a disability that we need to be aware of? Y | N If so, explain _____

Do you require special sleeping accommodations? Y | N If so, explain _____

If additional space is required on above questions, other pages may be used. Make sure they accompany application.

PREPERATORY QUESTIONS:

Have Chrysalis and Reunion Groups been explained to you? Y | N

Church/Denomination: _____ Pastor: _____

State briefly why you wish to be involved in Chrysalis and what you expect from it: _____

Dress Code: Any garment below the waist, including but not limited to shorts or skirts, must be approaching the knee. Spaghetti Straps/String Tops ARE NOT ALLOWED. Muscle shirts can be worn only with a shirt worn underneath them. Undergarments should be hidden at ALL times. The belly and back should never be exposed. This dress code applies during the whole weekend, which includes sleepwear and athletic clothing. Refusal to abide by this code will result in the candidate being asked to switch clothes. Further refusal will result in dismissal from the weekend.

What to Bring: Candidates will need personal/bathroom supplies (body wash, shampoo, toothbrush, toothpaste, etc.), bedding (such as sleeping bag, pillow, etc.), appropriate clothing and shoes (as mentioned above), Bible, journal, and anything else deemed appropriate.

Technology Usage: Candidates are discouraged to bring cellphones, radios, CD's, CD Players, MP3 Players, iPods, or Portable Game Systems on the flight although they are not forbidden. If brought on the weekend all technology should remain with your personal belongings in your sleeping area. ONLY during breaks and sleeping time may they be allowed to be in use. It is the belief of the Chrysalis Board that usage of technology outside of the aforementioned times will only distract and inhibit the purpose of the Chrysalis Flight.

All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve the Participant. I understand that it is my responsibility to notify Bowling Green Area Emmaus and Chrysalis of any changes that may change.

Candidate's Signature: _____

Date: _____

Consent and Liability Release Form

Completed by Parent/Guardian if candidate is younger than 18 years of age or Candidate.

Candidate Full Name: _____ Age: _____

Parent/Guardian Full Name (If candidate is younger than 18): _____

TO WHOM IT MAY CONCERN: The undersigned does hereby give permission for my candidate: _____ (“Participant”), to attend and participate in the Bowling Green Area Chrysalis Weekend hereinafter, the “Weekend”.

LIABILITY RELEASE: In consideration of the Bowling Green Area Chrysalis and Emmaus Community Boards, Agents and Representatives allowing the Participant to participate in the Weekend, I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Bowling Green Area Chrysalis and Emmaus Community, their Board, Board Members, its directors, volunteers, and agents (collectively herein the “Chrysalis Community”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Weekend. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in the Weekend ministry activities, including participating in the Lord’s Supper. Furthermore, I [and/or on behalf of my minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said Chrysalis Community to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Chrysalis Community for any liability sustained by the Chrysalis Community as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Initials

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

Initials

EARLY RETURN HOME POLICY: Should it be necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Initials

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for the Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by the Chrysalis Community. The Participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation unless medically impracticable.

Initials

PRESCRIPTION MEDICATION, DRUGS, TOBACCO & ALCOHOL: No drugs of any kind, tobacco or alcohol are permitted to be brought to the Weekend or taken or used during the Weekend by any Participant unless prior arrangements are made by the undersigned with the Chrysalis Community. With regard to the use of prescription medication, the undersigned understands and agrees that it is the UNDERSIGNED PARENT/LEGAL GUARDIAN'S responsibility to see that any necessary prescription medication is timely administered to a participant. The undersigned understands that the Participant will not have regular access to a clock/watch during the Weekend. Therefore, all prescription medication must be brought to the Weekend in a clear plastic bag, clearly labeled with the Participant's name, parent/legal guardian names, and phone numbers. The bag should also include a written time schedule detailing when the Participant shall be allowed access to his/her prescription medicine bag so that the Participant may administer his/her own medication. The Participant will be notified of medication times according to the schedule provided by the Undersigned. The Undersigned understands that he/she may personally come to the Weekend facility at the appropriate times during the Weekend to ensure that prescription medication is taken appropriately. The undersigned further agrees and understands that the Chrysalis Community WILL NOT ADMINISTER ANY PRESCRIPTION MEDICATION TO ANY CHILD AT ANY TIME and assumes no liability and/or risks associated with such.

Initials

PHOTOGRAPHIC PERMISSION: I give permission for videos or pictures of the Participant that may be taken during the Weekend to be shown in Chrysalis Community publications, displays and presentations. Bowling Area Community has a website and Facebook page where pictures and videos may be posted.

Initials

COVID-19 & COMMUNICABLE DISEASE RELEASE: Bowling Green Area Chrysalis Community will make every effort to keep participants and workers healthy. We pledge to provide a safe and clean environment for everyone involved. We will make every effort to perform extra cleaning and sanitizing and will provide hand sanitizer during the Walk. Please understand that both, masks and vaccinations, are OPTIONAL for the upcoming Flight and masks will be available during the Flight.

With the believed easy transmission of COVID-19, influenza, and other communicable illnesses, we cannot ensure that you will not be exposed to and contract a communicable illness. Due to the nature of COVID-19, if a case is confirmed we will proceed per the recommendations of the Barren River District Health Department in notifying everyone.

Initials

Candidate Signature: _____ Date: _____

If you are under 18 years old, a parent or guardian signature is required.

Parent/Guardian Signature: _____ Date: _____

For registrar's use ONLY:

Date Postmarked: _____

Deposit: _____ Name on check: _____

Check #: _____

Application I Consent I Sponsor Form: Date Rec'd: _____ Reply Date: _____

Chrysalis Sponsors Form

Please read this page carefully

All of this information is necessary for the proper placement of your Chrysalis Flight. Please fill in ALL blanks so we can properly assist you. We ask for a \$25.00 non-refundable deposit to accompany the application, the rest of the Flight contribution, \$40, which will partially offset the costs of material and meals during the weekend payable when you arrive and sign in.

IMPORTANT Please email this completed application to: Chrysalis Registrar Debbie Hancock, email: deb.hancock113@gmail.com or mail to 2965 North Mill Ave, Bowling Green, KY 42104

Sponsor's Name _____

Address _____ City _____

State _____ Zip _____

Phones: Home _____ Cell _____

E-mail: _____

Church/Denomination _____ Attend regularly? _____

When and where did you attend the Walk to Emmaus, Cursillo, or Chrysalis? _____

Are you in a reunion group? Y | N Group Name _____

SPONSOR'S RESPONSIBILITY:

Have you fully explained Chrysalis to your applicant? Y | N

Have you fully explained Chrysalis to his/her parents or guardian? Y | N

Will you assist your applicant in establishing a Reunion Group or similar support group? Y | N

Will you PRAY for your applicant before/during/after the Flight? Y | N

Will you bring your applicant to the Flight Send-Off? Y | N

Will you attend the Sponsor's Hour, Candlelight and Closing? Y | N

Will you bring your applicant to the Follow-Up Meeting when it is held? Y | N

Will you bring your applicant to the Chrysalis Hoot/Emmaus Gathering? Y | N

If your answer is "No" to any of the above questions, will you arrange for a person to fulfill your responsibilities in these areas? Y | N

SPECIAL NEEDS OF APPLICANT:

Does your applicant have the physical and mental health needed to attend this Flight? Y | N

Is your applicant under any temporary emotional strain that might indicate their participation should be postponed for a later Flight? Y | N

Are there any additional circumstances (such as financial) concerning your applicant of which this team should be aware? Y | N *(scholarships are available on a case-by-case evaluation)*

Please explain:

Sponsor, please remember that Chrysalis Flight is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church.