



**APPLICATION FOR CORNERSTONE CHRYsalIS**  
**High School Chrysalis**  
*(Sophomore through Senior)*

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; *(See the Journey application for youth have graduated from high school through age 24.)* Chrysalis is not intended to help solve deep-seated 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 "Cornerstone Chrysalis Community."** Candidates under 18 must also submit a Parental Consent & Liability Form. Your sponsor(s) will fill out the sponsor sections and submit the application. Your \$25.00 deposit will be applied toward the total cost of \$125.00 (balance due at check in). Deposits are not refundable unless the Chrysalis fills up completely. **APPLICATION DEADLINE: Applications must be postmarked two weeks before the beginning of the Flight; late applications will be assessed \$25. 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. 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.

**TO BE COMPLETED BY THE CANDIDATE AND PARENTS/GUARDIANS: (Please Print)**

<b>CANDIDATE INFORMATION</b>			
Last Name	First Name		Middle Name
First Name for Name Tag	Date of Birth MM/DD/YY	Candidate Grade if applicable (Grade entering for Summer Flight)	Gender (circle one) Male Female
Home Phone Number	Cell Phone Number- <b>Candidate</b>	Email address of <b>Candidate</b> (Please print neatly!) Can we contact you by email? Yes No	
Home Address	City/State/Zip		
School	Church and Denomination		
What activities or interests do you pursue?			
<b>PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD OR INFORMATION</b>			
Insurance Name	Name of Responsible Person		
Policy #	Group #		
<b>CONTACTS – List only spouse/parents/guardians who may be contacted and may assume care of candidate</b>			
Mother/Guardian First Name-Last Name _____			
Place of Employment _____	Work Phone ( _____ ) _____ - _____		
Cell Phone ( _____ ) _____ - _____	Other Phone ( _____ ) _____ - _____		
Email address _____	May we contact you by email? <b>Yes No</b>		
Father/Guardian First Name-Last Name _____			
Place of Employment _____	Work Phone ( _____ ) _____ - _____		
Cell Phone ( _____ ) _____ - _____	Other Phone ( _____ ) _____ - _____		
Email address _____	May we contact you by email? <b>Yes No</b>		
Who does candidate live with? (Circle)			
Mother	Father	Other	_____
<b>SPECIAL CONSIDERATIONS</b>			
Is the candidate on ANY medications (prescription or over the counter)? ALL medications must be turned in at the start of the weekend to be administered by a team member. <b>Yes No</b>		Does the candidate have any dietary restrictions or allergies? <b>Yes No</b>	
<b>EMERGENCY MEDICAL INFORMATION</b>			
Please provide information the adult Chrysalis Team members should know regarding the candidates physical or mental disability in the event of an emergency:		List the candidates drug allergies:	

Do you give permission for a member of the team to administer Tylenol (Acetaminophen), Motrin (Ibuprofen) or TUMS to your child while on the weekend? **Yes No**

Signature of parent or guardian \_\_\_\_\_

**CANDIDATE'S NAME:** \_\_\_\_\_

**CANDIDATE INFORMATION**

Have Chrysalis, the follow-up meeting, and group reunions been explained fully to you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Preferred Chrysalis Weekend Date: _____
Why do you want to be involved in Chrysalis and what do you expect from it? _____	

**CANDIDATE SIGNATURE**

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE REQUIRED FOR TEEN APPLICANTS ONLY**

*I, the undersigned parent or guardian of the above candidate, consent to my child or ward participating in a Chrysalis weekend. I also authorize any adult Chrysalis team member to act as agent for me to consent to any medical or surgical treatment for my child or ward at a hospital, clinic, or doctor's office in the event of a medical emergency during the Chrysalis weekend.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PASTOR OR YOUTH MINISTER SIGNATURE FOR TEEN APPLICANTS ONLY**

**Pastor/Youth Minister Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY ADULT SPONSOR (required) Please print**

Sponsoring a candidate is both a joy and a responsibility; it is unlikely that you can sponsor more than two candidates on one Chrysalis effectively. There are things you must do for your candidate before, during and after the Chrysalis. (Please remember the importance of minimal contact with your candidate during the Chrysalis). You should be praying and sacrificing for your candidate. Remember also that the Chrysalis is not structured to solve deep-seated personal problems. It is designed to provide participants with the opportunity for a personal encounter with Jesus Christ.

**SPONSOR INFORMATION**

Adult Sponsor Last Name	Adult Sponsor First Name	Adult Sponsor Email Address (Please print neatly!) May we contact you by email? <b>Yes No</b>
Home Phone Number	Cell Phone Number	
Home Address	City/State/Zip	

Please tell us about your candidate so that the Chrysalis may be even more meaningful \_\_\_\_\_  
\_\_\_\_\_

Please respond to the following:

Your Church: \_\_\_\_\_  
Your Emmaus/Chrysalis/other Information: When: \_\_\_\_\_ Where: \_\_\_\_\_ Number: \_\_\_\_\_

Have you sponsored a Chrysalis candidate before? YES NO

Will candidate have the physical and mental health to participate in the Chrysalis? YES NO

Is the candidate under any temporary emotional strain that might indicate that his/her participation should be postponed? YES NO

Will candidate need a full/partial scholarship beyond what you, your reunion/sharing group or your church can provide? YES NO

Are you able and willing to help your candidate into a reunion/sharing group? YES NO

Are you willing to serve as the facilitator for a reunion/sharing group? YES NO

Will you bring your candidate to the Chrysalis? YES NO Will you attend Sponsor's hour? YES NO

**ADULT SPONSOR SIGNATURE REQUIRED**

**Adult Sponsor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY YOUTH WHO MAY BE HELPING TO SPONSOR THIS CANDIDATE (not required)**

**YOUTH SPONSOR INFORMATION**

Youth Sponsor Name	Youth Sponsor Email	May we contact you by email? <b>Yes No</b>
Home Phone Number	Cell Phone Number	
Home Address	City/State/Zip	
Have you sponsored a Chrysalis candidate before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Chrysalis: When _____ Where _____ Number _____	

<b>For registrar's use: Deposit: \$</b> _____ <b>Name on check:</b> _____ <b>Cash:</b> _____
<b>Date Postmarked:</b> _____ <b>Response date:</b> _____ <b>Reply Date:</b> _____

**Please mail promptly to:**

**Registration  
Cornerstone Chrysalis Community  
P.O. Box 7  
Goshen, KY 40026**

## Parental Consent and Liability Release Form

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_  
WORK PHONE(S)/ CELL PHONE(S) \_\_\_\_\_ / \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for my child: \_\_\_\_\_  
("Participant"), to attend and participate in the Cornerstone Chrysalis Weekend during the period of \_\_\_\_\_  
(or as extended by necessity) (hereinafter, the "Weekend").

**LIABILITY RELEASE:** In consideration of the Cornerstone Chrysalis and Louisville Emmaus Community Boards, Agents and Representatives allowing the Participant to participate in the Weekend, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless the Cornerstone Chrysalis and Emmaus Communities, their Boards, Board Members, its directors, employees, 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. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in the Weekend ministry activities, including participating in the Lord's Supper.

Furthermore, we (I) [and on behalf of our (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.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor 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 minor 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 child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

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

**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.

**PHOTOGRAPHIC PERMISSION:** I also give permission for videos or pictures of my child that may be taken during the Weekend to be shown in Chrysalis Community publications, displays and presentations.

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Approved 04/2016