



CROSSROADS CHRYSALIS FLIGHT APPLICATION

Boy's Flight 250 June 22 – 25, 2005
Girl's Flight 251 July 27 – 30, 2005
(Wednesday – Saturday)

Cathedral Oaks
Cathedral Oaks

www.cremmaus.org

NOTE:
PARTICIPANTS MUST BE
15 – 19 YEARS OF AGE,
AND COMPLETED
FRESHMAN YEAR OF HIGH
SCHOOL FOR ELIGIBILITY.

PARTICIPANT INFORMATION

Name: _____ Preferred on Name Tag: _____
Address: _____ City/State/Zip: _____
Email Address: _____ Phone: () _____
Birthday: _____ Age: _____ T-shirt Size: _____ Gender: _____
School: _____ Fall Grade Level: _____ Church: _____

INSURANCE INFORMATION

Name of Insured (Relationship): _____ ID#: _____
Group/Policy #: _____ Member Services Phone #: () _____
Insurance Carrier Name/Address: _____

MEDICAL INFORMATION – AUTHORIZATION FOR EMERGENCY CARE

My child, identified on this application, has my permission as parent/guardian to attend the Chrysalis event on the dates outlined on this application. During the event, I may be reached at the following numbers:

EMERGENCY PHONE : () _____ **CELL #:** () _____ **PAGER:** () _____

My son/daughter has the following allergies: _____

Does the Participant have special diet needs? _____ Please explain: _____

Does the Participant have any health/physical needs we should know about? _____

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

My son/daughter is taking the following medications: _____

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

I understand that my son/daughter 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.

Parent Name: _____ Address: _____ City/State/Zip: _____

Phone Number: () _____ Email Address: _____

May we publish your telephone number and home address on lists of participants distributed to other candidates and team during the event? **YES/NO**

Signature of Parent/Guardian: _____ **Date:** _____

NOTARY PUBLIC (Reservations cannot be accepted without this form being notarized below.)
SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN _____, COUNTY, TEXAS,
THIS THE _____ DAY OF _____, _____ (YEAR)

Signature of Notary Public

Commission Expiration Date

COVENANT OF CONDUCT

(1) No alcohol. (2) No illegal drugs. (3) No inappropriate sexual behavior. (4) No willful destruction or abuse of property. Cost of repairs will be paid by those responsible for damage. **Violation of Rules 1-4 will result in immediate expulsion of the participant from the event, and in the case of minors, parents and pastors will be called.** (5) The daily schedule will be followed at all times by participants. (6) Fireworks, firearms, skateboards or skates, radios, tape or CD players, and cameras or any other items that may interfere with the purpose of the event are not allowed. (7) Misuse of snack food, which includes the ordering or delivering of food items, is not allowed. (8) 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. (9) Total cost will be paid by each applicant regardless of the amount of time spent at the event. (10) Tobacco use allowed only in designated areas. **Violation of Rules 5-10 will result in disciplinary action at the Adult Lay Director's discretion.**

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

Candidate's Signature: _____ Date: _____

SPONSOR'S SECTION

Chrysalis Flight weekend retreats are designed to deepen the relationship young men and women have with Christ. It is a weekend of self-discovery and spiritual centering. **Sponsors should consider carefully whether their participant has the maturity to truly benefit from the Chrysalis event.** Participants 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 _____ who has been attending _____ (church) as a participant for the Chrysalis event. I have known this person for _____ (mo/yr) and I think this is a good time for this participant to attend a Chrysalis. I understand that my responsibilities as a sponsor include: prayer for my participant 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 participant.

Sponsor's Name: (Please Print) _____

Sponsor's Signature: _____ Date: _____ Phone #: () _____

Address/Zip: _____ Email: _____

PARTICIPANT'S PASTOR OR YOUTH DIRECTOR SECTION

I understand the purpose of the Chrysalis weekend, and agree that _____ is spiritually and emotionally mature enough to benefit from the Chrysalis experience at this time.

Church Leader's Name: (Please Print) _____

Name of Church: (Please Print) _____

Signature: _____ Date: _____ Phone: () _____

Address/Zip: _____ Email: _____

PLEASE RETURN COMPLETED APPLICATION AND PAYMENT OF \$125 TO: Crossroads Chrysalis Registrar c/o Cindy Uhl 115 Bridle Lane Victoria, TX 77904	REGISTRAR USE ONLY: Received: _____ Check #: _____ On _____ By: _____ _____ _____
For any questions, please call Cindy Uhl at 361-573-3984 (Home); 361-572-6267 (Work); or email at Cindy.S.Uhl@invista.com	Note: To ensure a speedy reply, please indicate appropriate Email addresses . You will receive an email confirmation at address listed.