



APPLICATION FOR CORNERSTONE CHRYsalis
(Please circle the appropriate application)

TEEN

YOUNG ADULT

Chrysalis is a three-day experience of renewal, learning and sharing in the atmosphere of a Christian community for: **Teens** who are 15 years of age and a high school student in their sophomore, junior or senior year; **YOUNG ADULTS** who **have been out of high school for one year** 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 the Cornerstone Chrysalis Community**. Your sponsor(s) will fill out the sponsor sections and submit the application. Your \$25.00 deposit will be applied toward the registration fee of \$80.00 (balance due at check in). Deposits are not refundable unless the Chrysalis fills up completely. **APPLICATION DEADLINE: Applications must be received by 5:00 PM on the Tuesday before each Flight or Journey weekend. 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 approximately one month before the Chrysalis.

TO BE COMPLETED BY THE CANDIDATE AND PARENTS/GUARDIANS:

CANDIDATE INFORMATION				
Last Name		First Name		Middle Name
Name for Name Tag		Date of Birth MM/DD/YY	Candidate Grade if applicable	Gender (circle one) Male Female
Home Phone Number		Cell Phone Number	Email Address	
Home Address		City/State/Zip		
School		Church and Denomination		
What activities or interests do you pursue?				
PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD OR INFORMATION				
Insurance Name		Name of Responsible Person		
Policy #		Group #		
CONTACTS – List only spouse/parents/guardians who may be contacted and may assume care of candidate				
Mother/Guardian First Name-Last Name _____				
Place of Employment _____		Work Phone (_____) _____ - _____		
Cell Phone (_____) _____ - _____		Other Phone (_____) _____ - _____		
Email address _____				
Father/Guardian First Name-Last Name _____				
Place of Employment _____		Work Phone (_____) _____ - _____		
Cell Phone (_____) _____ - _____		Other Phone (_____) _____ - _____		
Email address _____				
Spouse First Name-Last Name _____				
Place of Employment _____		Work Phone (_____) _____ - _____		
Cell Phone (_____) _____ - _____		Other Phone (_____) _____ - _____		
Email address _____				
SPECIAL CONSIDERATIONS				
Please provide information the adult Chrysalis Team members should know regarding physician specified medications that will be required for the Chrysalis weekend and refer to the prescription medication policy and requirements on the Parental Consent and Liability Release Form.				List the candidates physician specified dietary needs—include food allergies that require medical intervention:
EMERGENCY MEDICAL INFORMATION				
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:

CANDIDATE'S NAME: _____

CANDIDATE INFORMATION	
Have Chrysalis, the follow-up meeting, and group reunions been explained fully to you?	____ YES ____ NO
Why do you want to be involved in Chrysalis and what do you expect from it?	
Your preferred Chrysalis Weekend date:	
CANDIDATE SIGNATURE	
Candidate Signature _____ Date _____	
PARENT/GUARDIAN SIGNATURE REQUIRED FOR TEEN APPLICANTS ONLY	
<i>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.</i>	
Parent/Guardian Signature _____ Date _____	
PASTOR OR YOUTH MINISTER SIGNATURE FOR TEEN APPLICANTS ONLY	
Pastor/Youth Minister Signature _____ Date _____	

TO BE COMPLETED BY ADULT SPONSOR

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
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/Cursillo/Chrysalis 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

YOUTH SPONSOR INFORMATION	
Youth Sponsor Last Name	Youth Sponsor First Name
Home Phone Number	Cell Phone Number
Home Address	City/State/Zip
Have you sponsored a Chrysalis candidate before? ____ YES ____ NO	Your Chrysalis: When _____ Where _____ Number _____

For registrar's use: Deposit: \$ _____ Name on check: _____ CASH: _____
Date Received: _____ Response date: _____ Reply Date: _____

Please mail promptly to:

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

APPLICATION DEADLINE: Applications must be received by 5:00 PM on the Tuesday before each Flight or Journey weekend.

Revised 09/2009

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 10/2007