

CENTRAL

ALABAMA

CHRYSLIS

CANIDATE FORM



TODAY'S DATE \_\_\_\_\_

Please complete this form and return to:

**Central Alabama Chrysalis**

Attention: Chrysalis Registrar

P. O. Box 241571

Montgomery AL 36124-1571

<b>NAME</b>		<b>NAME TAG NAME</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>
		<b>ZIP</b>	<b>PHONE</b>
<b>BIRTHDATE</b>	<b>EMAIL</b>		
<b>AGE TO DATE</b>	<b>SCHOOL YOU ATTEND</b>		
<b>T-SHIRT SIZE</b>	<b>GRADE</b>		

Name and Denomination of Home Church	
Pastor's Name	Have you been Baptized?
Has Chrysalis been explained to you?	Have Reunion Groups & Gatherings been explained to you?
State briefly why you wish to participate in a Chrysalis weekend & what you expect from it:	

**You must be sponsored by someone who has attended Chrysalis, Emmaus, YAC/Journey, Cursillo or other such weekend.**

<b>Sponsor's Name</b>	<b>email</b>
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	<b>Weekend attended</b>

Please enclose a pre-registration deposit of **\$45.00** (non-refundable). This amount will be applied to your fee of **\$75.00** for the weekend. This partially offsets the expenses of your weekend. Scholarships are available. Check with your Church or community Cluster about available funds. Make your checks payable to Central Alabama Chrysalis (CAC). You will be notified by email of your acceptance and the dates and location of your weekend. If no email available a letter will be sent. Please notify the Registrar as soon as possible if you are unable to attend.

Deposit \$	Check #	Cash	Contacted
Confirmed	Date		

## Central Alabama Chrysalis Health Information

**To whom it may concern** (please print and notarize)

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_  
to attend and participate in the Central Alabama Chrysalis.

In case of an emergency, we ( I ) authorize an adult, in whose care the minor has been entrusted, to consent to any 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 advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical, dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Alabama Chrysalis.

Hospital Insurance  Yes  No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Telephone numbers \_\_\_\_\_

Participant \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the Parental Consent form listing any known allergies. Please inform the Registrar of any food allergies the participant may have.

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary

# PARENTAL CONSENT FORM

(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_

Business Phone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

**Reaction to Drugs**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physical Defects or Limitations** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Blood Type (if known)** \_\_\_\_\_

**Other medical information that might be necessary for the proper care of this young person**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any medicine that the youth is presently taking**

\_\_\_\_\_  
\_\_\_\_\_

**Parent's (Guardian's ) name** \_\_\_\_\_

**Address (if different than above)** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone (    )** \_\_\_\_\_ **Email** \_\_\_\_\_

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

## CENTRAL ALABAMA CHRYSALIS SPONSOR SHEET

Sponsors are asked to read the following statement carefully and to give it their prayerful consideration:

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship.

(Please print)

Sponsor's Name	Participant's Name
Sponsor's address	
City, State, Zip	
Phone	Email
Name of Church you attend	
Where was your weekend	Flight/Walk #
Are you in a reunion group?	Are you prepared to be a sponsor?

Why do you feel your candidate would benefit from Chrysalis?

Will you:

- |   |  |
|---|--|
| Bring your candidate to their weekend?                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Attend sponsor's hour at send off?                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Attend Candlelight?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Attend Closing?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Obtain necessary agape correspondence for your candidate? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Assist the candidate in getting into a reunion group?     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please include any pertinent information about the candidate that may help the team to meet their needs. Comments about the candidate's home situation, personality, leadership ability, and especially any problem areas would be of great assistance. Thank you!