

**Greater Cincinnati Chrysalis**  
**P.O. Box 102**  
**Milford, Ohio 45150**



www.cincinnati-chrysalis.com  
 greatercincinnati-chrysalis@gmail.com  
 Fax number: (toll free) 1-888-422-8818

Participants 18 years of age or older must complete Sections 1, 2, and 3.

Participants under 18 years of age must complete Section 1 and have a parent or guardian complete Sections 2 and 3.

Sponsors must complete Section 4.

**Section 1: Participant's Information**

Name		Name preferred on nametag	
Home address			Phone # (with area code)
City	State	Zip Code	
email address		Cell # (with area code)	
		<input type="checkbox"/> Yes, I want to receive text message notifications of events. Standard text message rates apply.	
Date of birth	Age and marital status (Must be at least 15 years old)	T-shirt size	
Gender	School name and grade (Must have completed 9 <sup>th</sup> grade)	Name of Parent/Guardian	
Church name and address			Church pastor's name
Pastor phone # (with area code)		Pastor's signature	

Do you regularly attend worship services?	List your participation in church, school, and community activities
Has Chrysalis been explained to you?	Why do you want to attend a Chrysalis Flight?
List any family members who have attended any Chrysalis Flight or Emmaus Walk and your relationship	

Participant's signature	Date
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Parent/Guardian's signature (if Participant is under 18 years of age)	Date
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**Please include a non-refundable pre-registration deposit of \$25. Please make your check payable to Greater Cincinnati Chrysalis. If your pre-registration deposit is postmarked at least 1 month before the beginning of the Flight you wish to attend, you will receive a \$15 discount and the balance you owe at the beginning of the flight is \$50. If your pre-registration deposit is postmarked later than 1 month before the Flight, the balance you owe is \$65.**

**Need-based scholarships are available. Please give this form to your Sponsor, along with your deposit. Your sponsor will complete the Sponsor's section of the application and will fax this application to number listed on Page 1. If you need a Sponsor, email [greatercincinnatiachrysalis@gmail.com](mailto:greatercincinnatiachrysalis@gmail.com).**

## **Section 2: Participant's Medical Record**

The purpose of Section 2 & 3 is to provide medical information in the unlikely event medical treatment is necessary during the Chrysalis Flight. All information will remain confidential.

Full name of Participant (please print)	Emergency contact and relationship	
Emergency contact address	Emergency contact phone # (Home & Cell if possible)	
City	State	Zip Code
Primary care physician and phone #	Preferred hospital and phone #	

**If the Participant requires medication (prescription or over-the-counter) or any other type of medical attention for any preexisting medical condition, please provide the necessary information on a separate piece of paper so proper care can be provided during the Chrysalis Flight.**

Are you allergic to any medications? If so, please explain.

Will you bring any medications (prescription or over-the-counter) to the Chrysalis Flight? If so, please list each medication, dosage, and frequency.

Do you have any dietary restrictions or concerns (i.e., vegetarian, diabetic, etc.)?

Do you have any allergies (i.e., bees, iodine, nuts, etc.)?

### **Section 3: Authorization for Medical Treatment**

**In the unlikely event that medical intervention is necessary for the Participant, every attempt will be made to contact the individual designated as "Emergency Contact Person." Only if that person cannot be reached in an emergency during the Chrysalis Flight for which permission has been granted for the Participant to participate, I hereby give my permission to the Chrysalis Leadership Team to hospitalize at preferred hospital (or any hospital reasonably accessible), secure medical treatment and order an injection, anesthesia or surgery for myself/my minor child as deemed necessary. I understand that I am liable for any expenses incurred due to emergency treatment. I understand all reasonable safety precautions will be taken at all times by the Greater Cincinnati Chrysalis Community and its agents during the Flight sponsored by same. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Greater Cincinnati Chrysalis Community, its Board of Directors, its leaders, employees or volunteer staff, or its parent community, the Greater Cincinnati Emmaus Community, liable for damages, losses, diseases or injuries by the subject of this form.**

Parent/Guardian's signature

Date

Participant's signature (if Participant is over 18 years of age)

Date

## Section 4: Sponsor's Information and Responsibilities

The role of the sponsor is one of the most important ingredients in the success of a Chrysalis Flight. Please consider the following very carefully before sponsoring someone on a Chrysalis event.

Chrysalis is targeted towards youth and young adults who have already made a commitment to Christ (or moving in that direction) and who have a church connection. Chrysalis is a very powerful and intense Christian experience. Persons who do not have the foundation of a prior relationship with God are likely to have a difficult time on a Chrysalis Flight. If you are not sure if a particular person is a good candidate for a Chrysalis event, talk it over with your pastor or youth leader. Feel free to contact a member of the Chrysalis Board or email [greatercincinnati@chrysalis@gmail.com](mailto:greatercincinnati@chrysalis@gmail.com) for advice.

In addition, Chrysalis is designed for youth and young adults who are at least 15 years old and have already completed 9<sup>th</sup> grade. Please do not submit an application for someone who does not meet the age and school grade requirements.

It is important that you have very little contact with your participant during the Chrysalis Flight. You should bring your participant to the event, attend Sponsor's Hour, Candlelight and Closing. Beyond that, you should remain out of the sight of your participant. If you want to sign up to perform jobs at the site during the event, please consider signing up for behind the scene tasks rather than serving meals.

You should explain to your participant the importance of follow-up to the Chrysalis event, including Hoots (it is your responsibility to bring your participant to the Hoot following the event), and most importantly, sharing/accountability groups. Again, it is your responsibility to help and encourage your participant to join or create a weekly sharing/accountability group.

Sponsor's name		Participant's name	
Sponsor's home address		Phone # (with area code)	
City	State	Zip Code	
email address		Cell # (with area code)	
		<input type="checkbox"/> Yes, I want to receive text message notifications of events. Standard text message rates apply.	
Sponsor's home church		Sponsor's 3-Day Experience and location	
Have you served as a sponsor before?	Will you accompany your participant to and from the Flight, will you pray for your participant, and will you refrain from contacting your participant during the Flight?		
Have you explained Chrysalis to the participant's parents?		Do you understand your duties as Sponsor?	

Does this participant have any health concerns? If so, please explain.
Explain why the participant should attend a Chrysalis Flight.
Additional comments:

**I have read the above and agree to follow through with these commitments.**

Sponsor's signature	Date
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### **Section 5: Purpose of Chrysalis**

The purpose of Chrysalis is to support the church's efforts to guide the spiritual formation of Christian young people. During a Chrysalis Flight the experiences within a small Christian community convey the essentials of Christian faith and practice, thus equipping and empowering young people to share the love of Jesus Christ within their own world. Chrysalis is sponsored by The Upper Room of the General Board of Discipleship of The United Methodist Church and is designed for interdenominational, interracial and international participation, and fosters a spirit of "Christian tolerance and unity."

### **Section 6: Upcoming Flights**

<b>Young Women's # 38</b>	<b>Young Men's # 34</b>	<b>Young Women's # 39</b>	<b>Young Men's # 35</b>
<b>July 9 – 11, 2010</b>	<b>July 23 – 25, 2010</b>	<b>January 15 – 17, 2011</b>	<b>February 19 – 21, 2011</b>

**SPONSOR: Please FAX the fully completed application to 1-888-422-8818 AND then mail the application, plus the \$25 nonrefundable pre-registration deposit to: Greater Cincinnati Chrysalis, P.O. Box 102, Milford, Ohio 45150.**

**The balance due at the beginning of the Flight depends on when the application and deposit are sent.**

**If application and deposit are postmarked:**

- **At least 1 month prior to the Flight, the balance due is \$50.**
- **Later than 1 month prior to the Flight, the balance due is \$65.**