

# GREATER CINCINNATI CHRYSALIS

P.O. Box 102

Milford OH 45150-0276

**Applicants 18 years of age or older, are to complete Sections 1, 2 and 3. Applicants under 18 years of age are to complete Section 1 and have parent/guardian complete Sections 2 and 3.**

SECTION 1	APPLICANT'S INFORMATION		
Name:	Name preferred on name tag:		
Home Address:			Phone #: (    )
City:	State:	Zip Code:	
E-mail Address:	Cell:		
Birth date:	Single:    Married:	Age:	Gender:    Female    Male
School you attend:			Grade
College Address: (if applicable)			Phone # (    )
City:	State:	Zip Code:	
Parent's Name(s):			
Current Church Home: (include denomination)			
Church Address:			Phone # (    )
City:	State:	Zip Code:	
Pastor's Name:			Phone # (    )
Pastor's Signature:	Sponsor's Name:		
Do you regularly attend worship services:    Yes    No	T-Shirt Size:    S    M    L    XL    XXL    _____		
Do you participate in your local church, campus ministry, or community organizations? Please explain			
Has Chrysalis been explained to you?    Yes    No	The follow up?    Yes    No		
Which Chrysalis Flight/Journey would you like to attend? (see Section 6)			
State briefly why you wish to participate in Chrysalis and what you expect from it:			
List family members' names and relationship that have attended a Walk, Flight or Journey with location and number.			

<b>Applicant's Signature:</b>	<b>Date:</b>
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<b>Parent/Guardian's Signature: (If applicant is under 18)</b>	<b>Date:</b>
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**Please include a Non-Refundable pre-registration deposit of \$25.00. Make your check payable to Greater Cincinnati Chrysalis. The balance of \$50.00 is payable at the beginning of the Flight/Journey. Scholarships are available. Give this form to your sponsor, along with your deposit. Your sponsor will complete the Sponsor's section of the application and forward it to the registrar.**

<b>SECTION 2</b>	<b>INDIVIDUAL MEDICAL RECORD</b>
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**The purpose of Section 2 & 3 is to insure emergency medical treatment for applicant while participating on a Chrysalis Flight/Journey. All information will remain confidential.**

Full name of applicant: (please print)		
Emergency Contact Person:		Relationship to applicant:
Address: (if different from applicant)		Phone # (    )
City:	State:	Zip Code:
Preferred Physician:		Phone # (    )
Preferred Dentist:		Phone # (    )
Preferred Hospital:		Phone # (    )

**If the applicant of this form should require medication or other medical attention for any preexisting medical conditions, please provide the necessary information on a separate piece of paper in order that proper care can be given to the individual during the Chrysalis Flight/Journey.**

Allergic to any medication?    Yes    No		If yes, what medications:
What medications will you/your minor child bring to the Chrysalis Flight/Journey: (include dosage of medications)		
Dietary Concerns: (vegetarian, diabetic, etc)		
Allergies: (bees, iodine, etc.)		
Other Concerns: (hearing, mobility, etc)		

Date of last Tetanus shot:	Blood Type:	Contact Lens:    Yes    No
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<b>SECTION 3</b>	<b>AUTHORIZATION FOR MEDICAL TREATMENT</b>
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**In the unlikely event that medical intervention is necessary for the applicant of this form, every attempt will be made to contact the individual designated as "Emergency Contact Person." In the event that person cannot be reached in an emergency during the Chrysalis Flight/Journey for which permission has been granted for the applicant of this form 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 Greater Cincinnati Chrysalis Community, and its agents during the flight or journey 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, it's leaders, employees or volunteer staff liable for damages, losses, diseases or injuries by the subject of this form.**

Parent/Guardian signature:	Date:
Signature of subject: (if over 18 years of age)	Date:

**I choose not to complete Section 2 or sign off on Section 3 of this form.**

Parent/Guardian signature:	Date:
Signature of subject: (if over 18 years of age)	Date:

**SECTION 4****SPONSOR'S STATEMENT OF RESPONSIBILITIES**

The role of the sponsor is one of the most important ingredients in the success of a Chrysalis Flight/Journey. 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/Journey. 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. Please feel free to call the Chrysalis registrar or the Chrysalis Board Chairperson for advice.

It is important that you have very little contact with your participant during his/her Chrysalis Flight/Journey. 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, 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 monthly Hoots (it is your responsibility to bring your participant to the Hoot following the event), and most importantly, accountability groups. Again, it is your responsibility to help and encourage your participant to join or create a weekly sharing/accountability group. If you need help in this area, please contact the community Good Shepherd (check the website for the name and phone number.)

Name of Participant:	
Name of Sponsor:	
Sponsor's Home Address:	
Phone # (      )	
Sponsor's City:	State:
Zip Code:	
Sponsor's Email Address:	
Sponsor's Current Home Church:	Sponsor's 3-Day Experience and Location:
How do you know the participant and for how long?	
Have you served as a sponsor before?	Are you willing to pray and sacrifice for your participant?
Are you in an accountability group?	Will you accompany your participant to and from the event?
Have you read above and do you understand your duties as a sponsor?	
Are you aware of the importance of minimal contact with the participant during the Flight/Journey?	
Have you explained the Chrysalis experience and follow-up to the participant and his/her parents?	
Does this participant have any health concerns that should be brought to the attention of the Spiritual or Lay Director?	
Why do you think this participant is a good candidate?	
Additional comments:	

***I have read the above paragraphs and agree to follow-through on these commitments.***

Sponsor's Signature	Date:
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**Sponsor: Please send the fully completed application (participants, parents, and sponsor's sheets, plus the \$25.00 deposit to the Greater Cincinnati Chrysalis, P.O. Box 102, Milford OH 45150-0276**

<b>SECTION 5</b>	<b>PURPOSE OF CHRYSALIS</b>
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*The purpose of Chrysalis is to support the church's efforts to guide the spiritual formation of Christian young people. During a Chrysalis Flight/Journey the experiences within a small Christian community conveys 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."*

**Chrysalis Flights** are for 15 - 18 year olds, primarily sophomore, juniors and seniors in high school.

**Chrysalis Journeys** are for ages 19 - 24. The young people may be in college or in the work force but must be post high school. A young person in the age group that is married should be encouraged to attend an Emmaus Walk.

**The Walk To Emmaus** is a 72 hour spiritual renewal experience for adults 18 years of age and older. Emmaus is the parent movement of Chrysalis.

<b>SECTION 6</b>	<b>FLIGHT AND JOURNEY SCHEDULE</b>
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<b>Boys' Flights</b> (15-18 years old) Milford First UMC 541 Main Street Milford OH 45150 513-831-5500	<b>Young Men's Journeys</b> (19-24 years old) Milford First UMC 541 Main Street Milford OH 45150 513-831-5500	<b>Girls' Flights</b> (15-18 years old) Milford First UMC 541 Main Street Milford OH 45150 513-831-5500	<b>Young Women's Journeys</b> (19-24 years old) Milford First UMC 541 Main Street Milford OH 45150 513-831-5500
<b>#30</b> February 16 - 18, 2008	<b>#30</b> February 16 - 18, 2008	<b>#34</b> January 19-21, 2008	<b>#34</b> January 19-21, 2008
<b>#31</b> July 25-27, 2008	<b>#31</b> July 25-27, 2008	<b>#35</b> July 11-13, 2008	<b>#35</b> July 11-13, 2008
<b>#32</b> February 14-16, 2009	<b>#32</b> February 14-16, 2009	<b>#36</b> January 17-19, 2009	<b>#36</b> January 17-19, 2009

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