



Application to Attend → Southern Illinois Wabash Valley Chrysalis

Revised 4 May 2010

Send To: SILWVC Registrar, 3998N Co. Rd. 1200 E, Lerna IL 62440 or email wayne@atosi.net

Page 1

To attend Chrysalis you must be 15-19 years of age and have completed 9th grade but not in college. If you are less than 18 years of age you must have a parent or legal guardian complete and sign this application with you.

If you have any questions, please contact the person who is sponsoring you to attend. Your sponsor will be a person in your area who has previously attended Walk to Emmaus or Chrysalis or other Cursillo based 3 day weekend. If you don't know someone who has attended one of these and would like to attend please contact our Registrar listed on this form and we will try to locate someone in your area. A registration deposit of \$25 must be received with the registration form and will be applied to the full fee of \$100. (Full fees will be reduced to \$85 for early bird registration up to 30 days prior to the weekend.) If you need financial assistance please speak to your sponsor to see if scholarship funds are available.

Please provide your personal information in the boxes provided below. Your address, email and phone numbers listed below will be included in a participant directory given out on the weekend. If you desire not to have these included, please place a check in the box provided below if you only want it to be used for registration purposes.

Emergency Contact, Insurance, Medication, Medical and Special Needs information are required if you are less than 18 years old. We strongly encourage those 18 years of age and older to include this information so that we can better prepare and serve you during this weekend. This information shall be reviewed only by approved representatives of the Chrysalis Board and Emergency Responders if the need arises. PLEASE PRINT LEGIBLY into the spaces below.

<u>APPLICANT PERSONAL INFORMATION</u>		<u>EMERGENCY CONTACT INFORMATION</u>	
Applicants Full Legal Name		Parent Name(s) Or	
Name you want on Name Badge		Name of Legal Guardian(s)	
Date of Birth (mm/dd/yy)		Street Address	
Gender (Male – Female)		City	
Place an "X" in the boxes to the left of those items below that <u>you do not want</u> included in the participant directory.		State	
<input type="checkbox"/>	Street Address	Zip	
<input type="checkbox"/>	City	Home Phone	
<input type="checkbox"/>	State	Cell Phone	
<input type="checkbox"/>	Zip	Work Phone	
<input type="checkbox"/>	Email	Other Phone	
<input type="checkbox"/>	Home Phone	Sponsors Name	
<input type="checkbox"/>	Cell Phone	Sponsors Phone	
<u>SCHOOL & CHURCH AFFILIATIONS</u>		<u>INSURANCE INFORMATION</u>	
Name of School you attend		Insured Company	
City where you attend school		Policy #	
Church Name where you attend		Policy Holder Name	
Pastor's Name		Policy Hold ID #	
Pastor's Phone Number		Policy Holder Phone	
List the School, Community & Church Organizations that you are involved in.			
State briefly why you are interested in attending Chrysalis.			



Application to Attend → Southern Illinois Wabash Valley Chrysalis

Revised 4 May 2010

Send To: SILWVC Registrar, 3998N Co. Rd. 1200 E, Lerna IL 62440 or email wayne@atosi.net

Page 2

Medical Information & Special Procedure Requests	
Applicants Name	
Weekend Dates	
<u>Special or restricted dietary needs:</u> List food and drink restrictions or preferences. (ie: Diabetic diet, Low Sodium, Sugar Free, Vegetarian, etc.)	
List the <u>prescription medications</u> being taken. (Name of Medication, Dosage & Times of Administration for each)	
List the <u>over the counter medications</u> being taken. (List the Name, Dosage & Times of Administration for each.)	
List the <u>conditions</u> for which these medications are being administered and/or potential conditions or reactions we need to be aware of. (ie: Allergies, Seizures, Blackouts, Blood Pressure, Diabetes, etc)	
<u>List other special conditions, equipment or procedures needed.</u> (Wheel Chair, Respiratory Equipment, Limitations on physical excursion, etc.? Please explain.	
<u>List your Health Care Provider –</u> Physician’s Name & Phone Number	

Special Health Care procedures and medications may be administered at the camp by Chrysalis representatives or by the Attendee when such treatment is necessary for camp attendance and cannot otherwise be administered. All prescription medications must be in their original container and the RX label attached showing the Patients Name, administration instructions as well as all other RX labeling requirements. All non-prescription medications brought to the camp must be in their original container with original administration labeling. The completed form shall used at the campground by authorized Chrysalis Representatives and Emergency Responders as needed during the weekend. Although this information will be treated as confidential, Chrysalis Representatives may consult with the Health Care Provider listed above as well as Emergency Responders should the need arise.

ONE of the two boxes below must contain an “X” by a parent or guardian for applicants less than 18 years of age.

	<p>←By placing an “X” in the box to the left and signing below, I (We) the undersigned parent(s) or legal guardian(s) <u>are authorizing self administration of all medications and special procedures by our child</u> during this weekend event and release Chrysalis and it’s representatives of any liability, as a result of any injury arising from the self administration of these medications or special procedures. We also hereby confirm that all the required medications, equipment and procedures that the applicant will be self administering have been included in the above sections.</p>
	<p>← By placing an “X” in the box to the left and signing below, I (We) the undersigned parent(s) or legal guardian(s) <u>authorize that of all medications and special procedures be administered by a Chrysalis Representative</u> during this weekend event and hereby confirm that all the required medications, equipment and procedures that are to be administered have been included in the above sections.</p>
Parent(s) or Legal Guardian(s) Signature(s) & Date	
I agree to inform Chrysalis Representatives at check –in time on the weekend of any changes to the above information. If I am less than 18 years of age, I also agree to abide by the administration authorizations indicated above.	
Applicants Signature & Date	



Application to Attend → Southern Illinois Wabash Valley Chrysalis

Revised 4 May 2010

Send To: SILWVC Registrar, 3998N Co. Rd. 1200 E, Lerna IL 62440 or email wayne@atosi.net

Page 3

Name of Applicant	
--------------------------	--

The following section of this form is to be completed by the Applicants Pastor, Youth Leader or a Teacher. Please provide us your contact information for file and reference purposes. Please Print Legibly or Type in the spaces below. Please return this form to the sponsor listed below so that they can include it with the rest of the forms.

Your Name	
Address, City, State & ZIP	
Email	
Please place an "X" in the box by the statements below that best describes the applicant's characteristics and/or skills. This information will be used to help prepare for and better understand group dynamics during the weekend.	
<input type="checkbox"/>	Has strong leadership skills and is willing to take on leadership roles.
<input type="checkbox"/>	Would prefer to be a participant rather than the leader.
<input type="checkbox"/>	Would prefer to stay at the sidelines and not get involved.
<input type="checkbox"/>	Is Extroverted and easily makes new friends.
<input type="checkbox"/>	Joins into group activities when invited and can willing to make new friends.
<input type="checkbox"/>	Is introverted and finds making new friends challenging
<input type="checkbox"/>	Is Confident in their abilities and willing to help others.
<input type="checkbox"/>	Is willing to listen to others and learn from them.
<input type="checkbox"/>	Is a Team Player and is not domineering or disruptive.
<input type="checkbox"/>	Other?
What is your relationship to the applicant? (Pastor, Youth Leader or Teacher)	
Your Signature	

The following section of this form is to be completed by the Applicants Sponsor. The Sponsor is required to ensure that the applicant sections are completed and a signed copy of the form with the required deposit has been submitted to the Registrar during the application process. The application can be filled out and sent via email to meet registration deadlines, but a signed copy is still required. A sponsor will not be allowed to bring or leave an applicant if a signed copy is not available. Sponsors shall be responsible for bringing the applicant to the weekend and to pick them up to take them home after closing, or making other arrangements with another 4th Day Member. Sponsors should also be available to assist if an emergency arises. Please provide your emergency contact info for this reason. Please Print Legibly or Type in the spaces below.

Sponsors Name (s)	
Address, City, State & ZIP	
Email	
Home Phone	
Cell Phone	
Work Phone	
Pager or other Emergency Contact Information.	
Sponsor's Signature	

Therefore, if anyone is in Christ he is a new creation; the old has gone, the new has come! --- II Corinthians 5:17
Thanks for your support of the Chrysalis Experience.....Please check periodically for revised applications forms.