



Keystone Chrysalis

Name _____ Date _____

Address _____ Gender F M (circle one)

City _____ State _____ Zip _____ Home phone (_____) _____

E-mail address _____ Preferred name for name tag _____

Home phone (_____) _____ Name of your High School _____

Parent/Guardian _____ Age/Grade _____

Church Name _____ Denomination _____

Church Address _____ Pastor's Name _____

City _____ State _____ Zip _____ Pastor's Signature _____

Phone number in case of emergency (_____) _____ T-shirt size _____

Have you and your parents read the Chrysalis Brochure? _____

From whom did you learn about Chrysalis? _____

In what church, school, or community organizations are you active? _____

Do you have special diet needs? _____

Are you on any special medication? _____ Name of medication _____

Do you have limitations that require special preparations for participation in Chrysalis? _____

If yes, describe _____

Please state briefly why you want to attend a Chrysalis weekend, what you expect from it, and anything else that you wish to share. _____

Registration Fee: Please refer to the Chrysalis website (www.keystonechrysalis.org) for the current flight cost. Checks should be made payable to Keystone Walk to Emmaus.

TO PARENT/GUARDIAN: Do we have permission to photograph your child for publicity purposes? _____

Applicant's Signature _____ Parent/Guardian's Signature _____

Sponsor's Name _____ Co-Sponsor's Name _____

Keystone Chrysalis

SPONSORS: Please read the following statement carefully and give it prayerful consideration.

Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for either weekend should have an active desire to deepen their faith and their understanding of God's love, and become closer to Christ in their daily lives and discipleship.

A sponsor is requested to provide information to the applicant, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis weekend site. Please review How to Sponsor Persons to Chrysalis and the Twelve Steps to Sponsorship found in the Chrysalis Flight Information Packet.

Sponsor's Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work/College Phone (_____) _____

When did you attend your Emmaus/Chrysalis/Cursillo/Tres Dias/other Weekend? _____

How long have you known the applicant? _____ In what capacity? _____

Please furnish any additional comments that you feel could help the team understand and relate to the caterpillar. Comments about the candidate's family, personality, attitude toward life, doubts, difficulties, and hopes may be significant. (Note: All comments will be kept in confidence!)

If you are sponsoring a caterpillar within six months of your own weekend, or sponsoring more than one person, for a single weekend, then you should have a co-sponsor. Others may also have co-sponsors to assist them.

Co-sponsor's Name _____

Co-sponsor's Address _____ City _____ State _____ Zip _____

Co-sponsor's Home Phone (_____) _____ Work/College Phone (_____) _____

When did you attend your Emmaus/Chrysalis/Cursillo/Tres Dias/Other Weekend? _____

How long have you known the applicant? _____ In what capacity? _____

Will you assist in ALL sponsoring activities with the sponsor? yes no (circle one)

As a potential sponsor/co-sponsor, have you reviewed, do you understand, and will you take seriously the "How to Sponsor Persons to Chrysalis and the Twelve Steps to Sponsorship"? yes no (circle one)

Sponsor's Signature _____ Date _____

Co-sponsor's Signature _____ Date _____

PLEASE MAIL TO: Keystone Chrysalis – Attention: Registrar
P.O. Box 143
Selinsgrove, PA 17870

(revised 2014)

PARENTAL MEDICAL RELEASE FORM

**Please complete all portions of this form and return with application to:
Keystone Emmaus/Chrysalis Registrar
P.O. Box 143
Selinsgrove, PA 17870**

Name of child _____ Phone _____

Address _____ City _____ State _____ Zip _____

Age of child _____

My child has the following physical condition that may require special attention:

() Diabetes () Hyperventilation () Convulsions () Seizures () Allergies

() Other (*please specify*) _____

Does your child require any special accommodations or have special accessibility needs? _____

If yes, specify _____

Medical Treatment Release and Liability Release

I hereby authorize the Chrysalis staff to obtain and give consent for medical treatment for my child for injury or illness that may occur during the event, and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles, operated by the adults, in whose care the child has been entrusted while attending and participating Chrysalis.

It is my understanding that the above named child will be covered by my personal medical insurance. Payments of any medical injuries not covered by my insurance will be paid by me.

Name of parent/guardian (*Please print*) _____

Signature of parent/guardian _____

Date _____

Phone numbers: Home (____) _____ Office (____) _____

Other phone number where you may be reached (____) _____

Medical Insurance Carrier _____ Group No. _____