



Chrysalis Registrar  
c/o Lori Markovic  
431 Ohio Pike Suite 302N  
Cincinnati, OH 45255

FAX: 513-528-1802

For Registrar use:

Rec'd app: \_\_\_\_\_

Deposit check: \_\_\_\_\_

Contacted Caterpillar: \_\_\_\_\_

Contacted Parents: \_\_\_\_\_

Contacted Sponsor: \_\_\_\_\_

### Participant's Information:

Name: \_\_\_\_\_ Name preferred on Nametag: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Text event notifications, please.

Date of birth: \_\_\_\_\_ Gender: M / F Marital Status: Single / Married .T-shirt size: S M L XL 2X

School name: \_\_\_\_\_ Grade: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor name: \_\_\_\_\_/Phone: \_\_\_\_\_

Do you attend worship services regularly? Y / N Has Chrysalis been explained to you? Y / N

Why do you want to attend Chrysalis?

List family members that have attended Chrysalis or Emmaus:

### Parents' Information ( if under the age of 18):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Participant's Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent's Signature if participant under the age of 18

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information:**

In the unlikely event medical treatment is necessary during the Chrysalis Flight, please provide the requested information. All information remains confidential and is seen only by the Registrar and Board Representative on the weekend.

Emergency Name and Contact Number :

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor and phone number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Do you have any allergies? Allergic to any medications?

Will you bring any medications to the Flight?

Do you have any dietary restrictions or mobility needs?

In the unlikely event that medical intervention is necessary for the Participant, every attempt will be made to contact the individual listed as the Emergency Contact. 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/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 always by the Greater Cincinnati Chrysalis Community and its agents during the Flight sponsored by the same. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Greater Cincinnati Emmaus and Chrysalis Community, its Board of Directors, its leaders, employees, or volunteers, liable for damages, losses, diseases or injuries by the subject of this form.

**Authorization for Medical Treatment: Parent's Signature or Participant's Signature if 18 or older**

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

## Sponsor's Information

Participant's Name: \_\_\_\_\_

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

- Chrysalis is targeted toward 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 experience. Persons who do not have the foundation of a prior relationship with God are likely to have a difficult time on the Flight. If you are not sure that the participant is a good candidate, discuss it with the pastor or youth leader.
- Chrysalis is designed for youth and young adults who are 15 -23 and have completed 9<sup>th</sup> grade.
- You are to bring your participant to and from the weekend, attend Sponsor's Hour, Candlelight, and Closing, and collect at least 12 letters from the participant's family & friends.
- You should explain the importance of follow-up to Chrysalis events, bring the participant to the group reunion, and most importantly encourage the participant to join an accountability group.
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Sponsors Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Home church: \_\_\_\_\_

Three-day experience and location: \_\_\_\_\_

Have you served as a sponsor before? Y / N                      Attended sponsorship training? Y / N

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?    Y / N

Have you explained Chrysalis to your participant?    Y / N

Do you understand your duties as a Sponsor?        Y / N

Does this participant have any health concerns?    Y / N

Explain why you think the participant should attend a Chrysalis flight:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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."