

**Delmarva Chrysalis
Applicant Information Form & Release of Liability**

Disclosure

Policy for participation in the Delmarva Chrysalis program requires that every participant have Health/Accident insurance coverage or waiver. In addition, certain Health/Medical information must be made known to the leader(s) conducting the program, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it with your application.

Student Name: _____

Does your son/daughter have Health/Accident insurance?

Yes **No**

If yes, name and address of company: _____

Does your son/daughter have any limiting physical disabilities or handicaps (temporary or permanent)?

Yes **No**

If yes, identify and explain: _____

Is your son/daughter currently taking any medications (prescribed or otherwise, e.g. cold medicine)?

Yes **No**

If yes, state what he/she is taking, and what condition it is for: _____

Does your son/daughter have any allergies, reactions to medications, or any other medical limitations?

Yes **No**

If yes, identify and explain: _____

Do the team members have your permission to give your son/daughter over the count medications when appropriate? (i.e. "Tylenol" for head aches) **Yes** **No**

Release of Liability

I understand the program will include traveling by bus or in vans from New Castle County, Delaware to Camp Pecometh, Queen Anne's County, Maryland, from Camp Pecometh to a near-by church, and from Camp Pecometh back to New Castle County, Delaware. I understand that a group picture of all participants on the weekend may be posted on the community's website: www.flywithChrist.org. I release Delmarva Chrysalis and/or Delmarva Walk to Emmaus, and any members from any liability for injuries or property damage that may occur as a result of my son's/daughter's participation in this program except in cases of obvious or gross negligence and I give my full consent for _____ to participate in this program.

(student's name)

Parent's/Guardian's Signature: _____ Date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Name of emergency contact: _____ Phone: _____

Student's Signature: _____ Date: _____