



# Delmarva Chrysalis Request for Reservation

(For participants who will be UNDER 18 during the weekend)

Sponsors are asked to read the following statement carefully and give it their prayerful consideration. Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for Chrysalis 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 should pray for the candidate's spiritual, physical, mental and emotional growth and needs. In addition, the Sponsor is requested to provide information to the candidate, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis Weekend.

## SPONSOR INFORMATION (please print legibly)

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Name/Denomination \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

When and where did you attend the Walk to Emmaus/Chrysalis? \_\_\_\_\_

Candidate's Name \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Please furnish any additional comments that you feel could help the team understand and relate with the candidate. Comments about the candidate's family, personality, attitude towards life, doubts, difficulties, and hopes may be of significance.

\_\_\_\_\_  
\_\_\_\_\_

Have you reviewed *The Steps of Sponsorship*? [ ] Yes [ ] No

*If you are sponsoring within 6 months of your weekend or more than one person on a single weekend, you MUST have a co-sponsor. ALSO, if you are under 18 years of age you MUST have an Emmaus adult co-sponsor. Others may also have cosponsors to assist them. (Suggestion: Adult sponsors please)*

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

## CO-SPONSOR INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Name/Denomination \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

When and where did you attend the Walk to Emmaus/Chrysalis? \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Co- Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

# Delmarva Chrysalis Request for Reservation, continued

(For participants who will be UNDER 18 during the weekend)

Sponsor: \_\_\_\_\_ Co-sponsor: \_\_\_\_\_

## CANDIDATE INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Do you check this regularly?  Yes  No

Gender (check one)  Male  Female Date of Birth \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Have you and your parents/guardians read the Chrysalis Brochure "*Ready for Your Flight with Christ*"?  Yes  No

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address, City, State, ZIP \_\_\_\_\_

In what church or community activities are you currently active? \_\_\_\_\_

Please list three words that best describe you (quiet, easy-going, happy, reserved, laid-back, humble, modest, pleasant, good-humored, enthusiastic, indifferent, helpful, good-natured, smart, etc.):

Are you on a special medication?  Yes  No Are you on a special diet?  Yes  No

Do you have physical limitations?  Yes  No

Please explain any "yes" answers on the lines below:

Please note that no written confirmation should be expected as a result of this Request for Reservation. Once selected for a weekend you will receive an invitation letter providing additional information on the weekend and instruction for acceptance. Any questions regarding the status of this Request for Reservation should be addressed to the sponsor(s).

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

*In order to be considered for Weekend Participation, Participants who will be UNDER 18 YEARS OF AGE AT THE TIME OF THE WEEKEND must complete and submit this four page form which includes:*

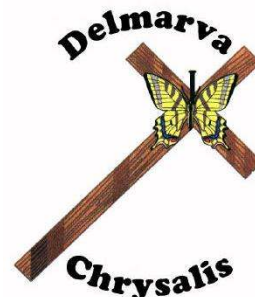
- A 2-page Request for Reservation;
- A 2-page Release of Liability & Consent Form.

This COMPLETED application should returned to:

Glenn & Christine Spencer  
Chrysalis Registrars  
87 Middlecroft Road  
Elkton, MD 21921

Email: [cregistrar@flywithchrist.org](mailto:cregistrar@flywithchrist.org)

For additional information call  
443-553-7684



# Delmarva Chrysalis Request for Reservation: Release of Liability and Consent

(For participants who will be UNDER 18 during the weekend)

## DISCLOSURE

The purpose of gathering the information on this form is to provide leader(s) with the information needed to facilitate the activities of youth participating in the Chrysalis Weekend activities and to be able to respond in the event of an emergency. This form is to be completed and signed by the parent/guardian prior to the weekend.

Name of participant \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_ Cell Phone \_\_\_\_\_

## PHOTOGRAPHY/VIDEO RELEASE

Throughout the Chrysalis Weekend, leaders may take photos and/or video of persons participating in activities. These photos and/or short videos may be displayed on the Delmarva Chrysalis website and/or our authorized Facebook Group. Potentially some photos may be used in a Community newsletter, publication or promotional material in which case specific permission to publish names would be sought; otherwise, names are not published. By signing below, I consent to the use of images of child/ward as indicated.

## AUTHORIZATION FOR MEDICAL TREATMENT

This release and consent gives Chrysalis permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Chrysalis and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

## RELEASE OF LIABILITY

I understand that participating in Chrysalis activities is a privilege. In consideration of this privilege, I release Chrysalis, including its directors, volunteers, employees and agents from and against any liability or claims for any loss, costs, damages, or injuries (including reasonable attorneys' fees and expenses) in any way arising from their participation in the Chrysalis Weekend.

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 nearby church, and from Camp Pecometh back to New Castle County, Delaware.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Chrysalis harmless from any claim asserted by me against Chrysalis, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature of minor participating \_\_\_\_\_ Date \_\_\_\_\_

I am an adult with decision-making authority for the above participant. I have read all of the above conditions and understand and agree to them. I have made sufficient inquiries to make an informed decision whether or not the participant should participate, and I give permission for the participant to attend.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

