



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:

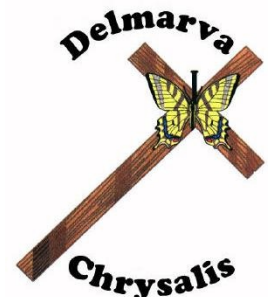
- ***A 2-page Request for Reservation;***
- ***A 2-page Release of Liability & Consent Form.***

This COMPLETED application should returned to:

Kyle & Amanda Smith
Chrysalis Registrars
405 Horizon Lane
Smyrna, DE 19977

Email: cregistrar@flywithchrist.org

For additional information call
302-507-9470



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 _____

Delmarva Chrysalis Request for Reservation: Release of Liability and Consent; continued

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

Name of participant: _____

INFORMATION FOR EMERGENCIES

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.

Parent/Guardian Contact Information

Name	_____	Home Phone	_____
Address	_____	Cell Phone	_____
City, State, ZIP	_____	Work Phone	_____
Email address	_____		

Alternate Emergency Contact Information

Name	_____	Home Phone	_____
Address	_____	Cell Phone	_____
City, State, ZIP	_____	Work Phone	_____

Health Insurance Co. _____ Group No: _____

Phone _____ Insured under whose name? _____ Subscribers I.D. #: _____

Participant's Physician _____ Phone _____

If participant is not Currently Insured - Chrysalis reserves the right to subrogation if it is later determined that personal medical insurance was in place. Delmarva Chrysalis is compliant with the Health Portability and Accountability Act (or HIPPA). I understand that my personal insurance will be primary coverage for any accident and that Chrysalis's policy does not cover illness.

Does the participant have any: limiting physical disabilities or handicaps (temporary or permanent)? Yes No
allergies, reactions to medications, or any other medical limitations? Yes No

If yes to either of the above questions, identify and explain: _____

Is the participant currently taking any medications, prescribed or otherwise? Yes No If yes, please list below*:

<u>Medicine Name</u>	<u>Used For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Please attach additional sheet if required

The participant may bring these medications with them. Any/All Medications must be sent in their original containers.

Over the counter medications (Tylenol, ibuprofen, benadryl, antacid, etc) may be administered to the participant as needed. Please indicate if there are any over the counter medications the participant should NOT receive (please attach additional sheet if required):

I give Chrysalis leader(s) my consent to distribute medication to the participant.

Signature: Parent/Guardian: _____ Date: _____