

Flight of Hope Chrysalis Participation Application

“Therefore, if anyone is in Christ, he is a new creation. The old is gone, behold the new has come.” 2 Cor. 5:17

Candidate Information

Name: _____ Age: _____ Birth Date: _____
Permanent Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Email Address: _____
Cell: (_____) _____ First Name for Name Tag: _____

Parental Information

(If parents live in separate households, please provide information for both; attach sheet if necessary)

Parent(s) Name(s): _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Cell: (_____) _____
Email Address: _____

Have either of/or both of your parents been on an Emmaus Walk (or similar weekend?)

Mother _____ Father _____

If so, please indicate what type of weekend and when: _____

If not, please indicate other family members who have been involved on a Chrysalis/Emmaus Weekend?

Name: _____ Relation to you: _____ Phone: _____

May we contact this person regarding your involvement in the Chrysalis Flight? _____

About Your Church

Are you currently affiliated with a church? _____

If so, what church? _____ Pastor's Name: _____

About Your School

Where do you attend school? _____ What is your grade? _____

Are you affiliated with a faith-based organization? If so, please describe the group on a separate sheet. Has Chrysalis been explained to you? Briefly state why you wish to attend the Flight and what you expect from it.

Parental Consent (If candidate is under 18 years of age)

I give my permission for my child, _____ to attend a Chrysalis weekend on (date) _____. I understand that this is a weekend devoted to the teachings of Christianity and the development of young Christian leaders. I understand that this is a non-denominational program written by the Upper Room, a division of the United Methodist Church. I also understand that if my child does

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not behave in a manner suitable to Christian youth that I will be contacted by phone and will be responsible for coming immediately to pick up my child. I also give my permission to the Chrysalis Team to seek emergency care for my child in the event that neither I, nor the responsible persons listed below can be reached.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Information (Please print legibly)

Please provide the names of two responsible persons who can be contacted in case parents cannot be reached.

Name: _____ Relation to Applicant: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____ Cell: (_____) _____

Name: _____ Relation to Applicant: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: (_____) _____ Cell: (_____) _____

Insurance Information

Name of Policy Holder: _____ Name of Insurance Company: _____

Policy Number: _____ Contract: _____

Effective Date: _____

Signature of Policy Holder: _____ Date: _____

Health/Special Medical Information

Do you have any food allergies? If so, please list them:

Are you on medication? If so, please indicate medications and times for medication to be taken:

Do you have any medical or other conditions (ie: diabetes, seizures, autism...etc) that may affect participation in this weekend's meals or activities? _____

Applicants Pledge

I promise that I will come to the Chrysalis Flight with a spirit of cooperation and abide by the rules and policies stated on the Flight. I will not smoke, drink alcoholic beverages, or take any drugs (other than prescription drugs in accordance with my physician's directed regimen) at any time during the weekend.

Applicant Signature: _____ Date: _____

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Cost

The **cost of the Chrysalis Flight is \$80.00** for early registration (more than two weeks prior to the Flight). Registration will be accepted up to two weeks prior to the Flight. IF the application is received two weeks prior to the Flight, the fee will be \$100.00. Please enclose this registration fee when you return this form to your sponsor. Full payment is due when the application is mailed to the Registrar.

Checks should be made payable to **Flight of Hope Chrysalis**. You will be notified of your acceptance to the weekend. Please notify the Registrar immediately if you find you cannot attend the weekend, there may be a waiting list. **The application is due NO LATER than two weeks before the Flight!**

Sponsors, please send ALL COMPLETED FORMS along with FULL PAYMENT to:

**Nikki Phillips
2740 Fuller Avenue NE
Grand Rapids, MI 49505
616-302-1293**

Please make sure all blanks are filled in! Leaving blanks empty prolongs your application process and we cannot guarantee your spot until the application is completed! Thank you! We look forward to your Flight! God Loves You And So Do We! Flight of Hope Chrysalis Board of Directors!

Sponsor's Information

Please note that the application/registration form you have received needs to be filled out properly, make sure there are no blanks left on any form! The Candidate and emergency contact pages of this application are to be given to the candidate to fill out and return to you. All other forms are to be filled out by the sponsor. Send sponsor and candidate forms together to the Board Registrar listed at the bottom of the candidate registration form. If any form is sent with missing information, the Registrar cannot guarantee a spot on the Flight until EVERYTHING has been received! Each Flight has four (4) scholarships that cover one half of the candidates cost. They are available on a FIRST COME, FIRST SERVED basis. Please pray about this before requesting a scholarship, the Registrar has the right to deny a scholarship if they feel the need is not warranted. Thank you! Please contact the Registrar with any questions or concerns!

The candidate's sponsor, whether youth or adult, must fill out this form. If the sponsor is a youth under the age of 18, please have a pastor, youth counselor or other adult who knows the candidate well, endorse the comments on this form, this will help us to place the candidate where it will benefit them the most. Chrysalis officially will keep all comments on this form in strict confidence.

I, _____, the sponsor of _____,
do hereby understand the responsibilities set before me in sponsoring this person for the Chrysalis Flight. I understand that this is a large commitment of this individual, their family, and to the Chrysalis Community. I

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also understand that this is especially important to Christ, as He would want me to be a witness for Him and love as He did. I will do my best to be a witness for Christ by encouraging and lifting up my candidate in prayer and supporting them before, during and after their weekend with God.

Sponsor's Signature: _____ Date: _____

Sponsor Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

Dates of the Weekend: _____

Please furnish any comments that you or your candidate's family or pastor feel would help the team to understand and deal sympathetically with the candidate. Comments about their home life, personality, attitudes, difficulties, and hopes that might be of help.

Do you pledge to explain the follow up program and Fourth Day Groups to the Candidate? _____

Are you a member of Chrysalis _____ Emmaus _____ Other _____

If so where and when did you take your Walk or Flight?

Adult Endorsement (to be completed by an adult who knows the youth well IF the sponsor is a youth)

I agree with the statements above and hereby give my endorsement for said candidate to attend the Chrysalis weekend. Please attach a letter with any additional comments.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

Affiliation with Sponsor: _____

How long have you known the sponsor? _____