



## Chrysalis of the Cumberland Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Name you wish to appear on your name tag \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ (For Chrysalis/Emmaus use only.)  
 T-Shirt Size (Circle One) - S M L XL XXL XXXL  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Graduating Class of \_\_\_\_\_  
 School Activities \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Has the Chrysalis Walk been explained to you? \_\_\_ Have follow-up gatherings been explained to you? \_\_\_  
 State briefly why you wish to participate in Chrysalis and what you expect from it. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and Denomination of Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_  
 Pastor/Minister / Or Campus Minister's Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Please list Church or Community Activities: \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL AND PARENTAL INFORMATION: \*\* applicants under 18 must have parent/guardian signature \*\***  
 List all medical allergies, medications being taken, medical problems, special diet, or other pertinent information: \_\_\_\_\_  
 \_\_\_\_\_

If parent cannot be reached, please call: \_\_\_\_\_ @ Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and I cannot be reached by phone, the Chrysalis Staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I do hereby further release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

**\*\* Please note: A group photograph will be taken during the Chrysalis weekend.**

**By signing this form, I hereby give my permission for this photograph and personal contact information to be posted to the Emmaus of the Cumberland Web Site. I also give permission for personal contact information to be updated as needed when new information is acquired.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### MEDICAL COVERAGE

Name coverage is under \_\_\_\_\_ Carrier \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

**SPONSORS: please read this page carefully**

All of this information is necessary for the proper placement of your Chrysalis Walk. Please fill in ALL blanks so we can properly assist you. We ask for a \$75.00 contribution to partially offset the costs of material and meals during the weekend payable when you arrive and sign in.

**IMPORTANT:** Please mail this application to: Chrysalis of the Cumberlands  
c/o Eleanor York  
401 Tower Hill Rd  
Livingston, TN. 38570 Phone: 931-260-8186  
Email: esy.as.pi@gmail.com

Sponsor's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ (For Emmaus/Chrysalis use only.)  
Church/Denomination \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_  
When and where did you attend the Walk to Emmaus, Cursillo, or Chrysalis? \_\_\_\_\_  
Are you in a reunion group? \_\_\_\_\_ Group Name \_\_\_\_\_  
Group contact person/information: \_\_\_\_\_

**SPONSOR'S RESPONSIBILITY – Please check carefully**

Have you fully explained Chrysalis to your applicant? \_\_\_\_\_  
Have you fully explained Chrysalis to his/her parents or guardian? \_\_\_\_\_  
Will you assist your applicant in establishing a Reunion Group or similar support group? \_\_\_\_\_  
Will you PRAY and sacrifice for your applicant? \_\_\_\_\_  
Will you bring your applicant to the Flight Send-Off? \_\_\_\_\_  
Will you attend the Sponsor's Hour, Candlelight and Closing? \_\_\_\_\_  
Will you bring your applicant to the Follow-Up Meeting when it is held? \_\_\_\_\_  
Will you bring your applicant to the Chrysalis Hoot/Emmaus Gathering? \_\_\_\_\_

If your answer is "No" to any of the above questions, will you be able to arrange for another person to fulfill your responsibilities in these areas? \_\_\_\_\_

**SPECIAL NEEDS OF APPLICANT:**

Does your applicant have the physical and mental health needed to attend this Flight? \_\_\_\_\_  
Is your applicant under any temporary emotional strain that might indicate their participation should be postponed for a later Flight? \_\_\_\_\_  
Are there any additional circumstances concerning your applicant of which this team should be aware? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Sponsor, please remember that Chrysalis Flight is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church.*

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For those who are interested:** a form is available for download on our website that lists suggestions for the sponsor in preparing their applicant for the weekend. It also includes a tear off portion to give your applicant with a list of suggested items for them to bring to the weekend. It is only a suggested list to help new sponsors and applicants become more familiar with what might be needed. It is not required that you stick strictly to the list.