

Mid-Michigan Chrysalis Registration

Flight begins on Thursday evening and ends on Sunday evening
Location and dates of next Chrysalis Weekend are available on our website
www.midmichiganemmaus.com (click on the Chrysalis link or forms link)

To be filled out by **applicant** – Please print or type

Flight registering for: Girl's Boy's Have you applied to Chrysalis before: Yes No
Name: _____
Name requested on name tag: _____ E-mail Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
SS# _____ Birthday: ____/____/____ Phone: (____) _____
School you attend: _____ Grade: _____
Do you work? Yes No If so, where (company name)? _____
Place of Worship (Place & Denomination): _____
Attend regularly? Yes No Pastor's Name: _____
Are you a member of this church? Yes No Have you been baptized? Yes No
List any religious (including youth group), school, and/or community organizations you are active in:

Has Chrysalis been explained to you? Yes No
Has the follow-up program, gathering, and the post-Chrysalis meeting been explained? Yes No
Why do you want to participate in Chrysalis? What do you expect from Chrysalis? _____

Sponsor's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
1st Guardian's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____
2nd Guardian's Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

PLEDGE:

I pledge that I will come to the Chrysalis weekend with a spirit of cooperation and that, at no time during the weekend, will I smoke, drink alcoholic beverages, or take any drugs other than those approved by my parent/guardian for medical purposes.

Youth Signature: _____ **Date:** _____

All the information is necessary for your proper placement in a Chrysalis weekend. PLEASE MAKE SURE ALL BLANKS ARE FILLED IN ACCURATELY.

Your total cost for the weekend is \$55 if you register three weeks prior to the event, after that the cost will be \$70. A deposit of \$20 is required to reserve a spot for you and lock in your cost at \$55. The deposit is non-refundable, unless we have no openings for you. Checks should be made payable to: **Mid-Michigan Chrysalis**. Please return this completed application, along with your parents completed application to your sponsor. You will be notified of your acceptance. If you have any questions, please contact the Registrar

****IMPORTANT** Please notify the Chrysalis registrar if you are unable to attend. The registrar contact information is found on the website and on the flight-specific information sheet.**

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To be filled out by **parent/guardian**:

_____ has my permission to attend Chrysalis. We understand that:

- Chrysalis is a religious experience for High School Sophomores, Juniors, and Seniors, and College Freshman.
- It is not designed to correct or counsel problem youth, but to encourage the spiritual growth and leadership of Christian youth with willing hearts.
- This weekend will be devoted to the teachings of Christianity and the development of young Christian leaders.
- Chrysalis is an Ecumenical program written by the Upper Room, a division of the United Methodist Church.
- If our son/daughter does not behave in a manner suitable to a Christian youth, we will be responsible for picking him/her up.
- I understand there is a \$55 cost for this weekend if my youth signs up three weeks prior to the event. After that the cost will be \$70.

In the event of an emergency and if I cannot be reached by phone, the Chrysalis Team has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being.

Insurance Information:

Please attach a copy of your medical insurance card, or fill out the following (if applicable):

Name of policyholder of health insurance that covers youth: _____

Name of Insurance Company: _____

Policy Number: _____ Contract Number: _____

Effective date: _____

Please list any medical allergies, medications taken, medical problems, special diet, or other necessary information: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ alternate Phone: (____) _____

If above cannot be reached, please call the following in an emergency:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Signature of parent/guardian: _____ Phone: (____) _____

During the weekend, your child may need to be taken off the premise for shower purposes. I give permission for my child _____ to be driven by a certified driver in this circumstance.

Signature of parent/guardian: _____ Phone: (____) _____

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To be filled out by **sponsor** – Please print or type

Candidate's Name: _____

Sponsor's Name: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home): (____) _____ (work): (____) _____

Place of Worship (Name & Denomination): _____

Do you attend regularly? Yes No

Have you been on a Chrysalis, Emmaus, or other 3-day experience? Yes No

Date, time, and location your group meets? _____

Are you in a reunion, fourth day, or similar accountability group? Yes No If no, reason? _____

How many candidates have you sponsored in the past year? _____

Do you feel this candidate exercises leadership? Yes No In what areas? (Church, school, athletics, government, dramatics, music, clubs, etc.) _____

How does this candidate relate to others of the same age? (talkative, domineering, quiet, reserved, etc.) _____

Do you feel this youth is emotionally and spiritually ready to understand this experience? Yes No

How does this youth respond to new environments? _____

Below and on a separate sheet of paper if necessary, please furnish any additional comments that you feel would help the team to understand and deal sympathetically with the candidate. Comments about the candidate's home life, personality, attitudes, difficulties, and hopes might be help. Other persons (perhaps a pastor, youth counselor, or teacher) may make these comments on a separate sheet of paper if you think it would be helpful to the team. _____

**If comments are being made on a separate sheet of paper, please be sure that it is attached and identified with the author's complete name, address, phone number, and the candidate's name.

How long have you known the candidate? _____ In what capacity? _____

Have you met with the candidate's parents and explained that the Chrysalis Weekend is devoted to the teachings of Christianity and to the development of young Christian leaders and that it is an ecumenical program of the United Methodist Church? Yes No

Do you agree to bring the candidate to the weekend? Yes No Attend sponsors hour? Yes No

Attend candlelight? Yes No Attend the closing, invite the parents to do so, and take the candidate home if necessary? Yes No Do you also agree to assist the candidate in finding and joining a reunion group and attending gatherings? Yes No

This form will help us to place the candidate in a group where they will benefit the most.

The Chrysalis directors will keep the information in strict confidence.

Continue to pray for your candidate!!!

As a sponsor, I understand and accept ALL my responsibilities and will prayerfully and sincerely work to comply with them prior to, during, and following the weekend.

Sponsor's signature: _____ Date: _____

Mail all completed registration forms (Youth, parent, and sponsor) and \$20 deposit (payable to Mid-Michigan Chrysalis) to the Mid-Michigan Chrysalis Registrar.