

# Cradle Chrysalis Community

## 2017 Candidate Application

In order to attend a Chrysalis Flight candidates must be at least 15 years old and completed their Freshman year of high school by the date of the weekend.

**Please check which weekend you wish to attend:**

- Girls Weekend at Lady of Lourdes Retreat       Boys Weekend at Lady of Lourdes Retreat  
 June 29th thru July 2nd, 2017                                      July 20th thru July 23rd, 2017

**Boxes that require a signature after printing are marked in red.**  
**Submission information is at the bottom of this page.**

Full name:	Name preferred on nametag: _____	
Home address:	City, state, zip: _____	
Home phone:	Cell Phone: _____	
Date of birth:	Age: _____	Grade in school: _____
Name of school:	Sex: <input type="checkbox"/> M or <input type="checkbox"/> F	E-mail: _____
Name of church:	Pastor's name: _____	
Church address:	City, state, zip: _____	

Has Chrysalis been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the follow-up program, including reunion groups, gatherings and hoots been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel that you need any more information before attending? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you any health conditions, physical handicaps, medical allergies, medication requirements or dietary restrictions that might affect your attendance at a weekend?

If so, please specify:

Sponsor's Name: _____	Sponsor's address: _____
Sponsor's Phone: _____	City, state, zip: _____

**Signatures (all three are required):**

Candidate's signature:	Pastor or Youth Director's signature:	Sponsor's signature:

**Important! Please read!** The medical release attached to or on the reverse side of this application is required. Applications for candidates under the age of 18 require a parent or guardian signature. Sponsor forms must accompany all candidate applications. Also, **please send a copy of the candidate's insurance card.** Any forms with incomplete information will be returned to the sponsor.

**Cost of the weekend is \$170. Please remit \$50 deposit with this application. Balance of \$120 will be due upon check-in at the weekend. Please make check payable to "Cradle Chrysalis Community."**

**Sponsor:** Mail completed candidate and sponsor forms along with \$50 deposit to:  
 Cradle Chrysalis Community, P.O. Box 3312, Lake Jackson, TX 77566

# Cradle Chrysalis Community

## Candidate Medical Authorization

### To be completed by parent or guardian of candidate under 18 years of age

I am the parent/guardian of \_\_\_\_\_, who has my permission to attend the Chrysalis weekend beginning \_\_\_\_\_ and ending \_\_\_\_\_

During this time I can be reached at the following phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_

Other pertinent health information: \_\_\_\_\_

Is your child taking any special medication?  Yes  No      Date of last tetnus shot: \_\_\_\_\_

(If taking special medication, please send it in original prescription container, labeled with instructions and contents.)

Doctor's name: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

*I understand that my child will be in the care of Chrysalis adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may necessary to be administered to my child, the cost of which I will be responsible for.*

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### To be completed by a candidate 18 years of age or older

In case of emergency, please contact: \_\_\_\_\_      Relation to candidate: \_\_\_\_\_

Address: \_\_\_\_\_      Phone number: \_\_\_\_\_

Medical insurance information:

Insurance company name: \_\_\_\_\_      Phone number: \_\_\_\_\_

Policy number: \_\_\_\_\_

*I hereby authorize any medical treatment that may be necessary to be administered, the cost of which I will be responsible for:*

**Signature of candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please print your name: \_\_\_\_\_

**Please send in a copy of your  
insurance card with this form.**