



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name Desired for Name Tag: _____

Home Phone: _____ Cell: _____

Birthdate: _____ Age: _____ Sex: M/F

Church You Attend: _____

School You Attend: _____ Grade: F / S / J / S

Applicant must be at least 14 years old or have entered 9th grade. Applicants over 19 years old will be considered, yet may be encouraged to attend Walk to Emmaus.

What activities are you active in? Religious / Community / School: _____

Has Chrysalis been explained to you? Y / N Have reunion groups been explained to you? Y / N

State briefly why you wish to participate in Chrysalis and what do you expect:

Required Signatures:

Applicant: _____ Date: _____

Sponsor's Name (please print): _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell: _____

Email: _____

Sponsor's Signature: _____ Date: _____

Youth Minister/Pastor Signature: _____ Date: _____

Chrysalis has its roots deeply planted in its parent movement, the Walk to Emmaus. Chrysalis is a three-day spiritual renewal retreat that provides participants an opportunity to learn more about faith, to experience Christian love and support, and a chance to make new commitments in their faith journey. The content of the three days focuses on God's grace, how one experiences Christ as friend in the body of Christ, and how one is called into discipleship, giving love to a needful world.

A \$15.00 deposit is requested at the time the application is turned in. This is non-refundable; please make checks payable to San Diego Chrysalis Community. The balance of \$60.00 is due one week before the flight (usually paid by the sponsor). All applications must be turned in by the dates set by the Chrysalis Board of Directors (usually Jan. 15). There is NO SMOKING allowed at anytime while participating in Chrysalis activities. For those under 18 years of age, parental authorization must be filled out on the following page.

(Name) _____ has my/our permission to attend the Chrysalis weekend. I (we) the undersigned parent(s) or guardian(s) do hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnoses or treatment under the general or specific supervision of any member of the medical staff and emergency staff licensed under the provisions of the general hospital holding a current license from the state of California, department of public health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his or her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

List any RESTRICTIONS: _____

List any and all dietary restrictions: _____

This consent shall remain in effect until (date): _____

Parent or Guardian Name (please print): _____

Home Phone: _____ Cell Phone: _____

Email: _____ Signature: _____

Parent or Guardian Name (please print): _____

Home Phone: _____ Cell Phone: _____

Email: _____ Signature: _____

In the event you cannot be reached, whom may we call?

Name: _____

Home Phone: _____ Cell Phone: _____

Please list any allergies, medications being taken, medical problems, special needs or other pertinent information (include times medicine is taken):

Return to sponsor. Sponsor mail to: San Diego Chrysalis Community, Attn: Registrar, P.O. Box 502385, San Diego, Ca. 92199-2385.

Deposit \$	Date	Balance \$	Date
Cash	Check#	Cash	Check#