

Tidewater Chrysalis Application

Name: _____ Date of Birth: __ / __ / __ Male: Female:

Name you would like on your Name Tag: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

School You Currently Attend: _____ Current Grade: _____ Phone Number: _____

Church You Currently Attend: _____ Pastors Name: _____

Has the Chrysalis Weekend and the follow-up gatherings been explained to you? _____

State briefly why you wish to participate in Chrysalis and what you expect from this weekend?

Do you play a musical Instrument? If so what Instrument? _____
(Please feel free to bring it with you)

Medical & Parental Information: (Applicants under 18 must have a Parent / Guardian Signature)

List ALL medication begin taken as well as any allergies, medical conditions, special diets or special considerations needed: _____

Home Phone Number: _____ Cell Phone Number: _____

If I **cannot** be reached please call: _____ at _____

My Child, _____, has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, Chrysalis has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. we further do hereby release and discharge Chrysalis and its Board and Members from any liability from illness, injuries and damages that arise out of or resulting from my child's participation in or travel to and from this event.

Parent / Guardian Name _____ Phone Number _____

Parent / Guardian Signature: _____ Date: _____

Applicants Signature: _____ Date: _____ Sponsors Name: _____

Please return this completed form to your sponsor

T-Shirt Size: (Circle One) Small Medium Large X-Large Other: _____