

Tidewater Chrysalis Application to Team

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

Name you would like on your Name Tag: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Original Flight/Walk Number: _____

Church You Currently Attend: _____ Pastor's Name: _____

Do you play a musical instrument? If so, what instrument? _____

Please list any Chrysalis or Emmaus Weekends on which you have teamed and what your assigned job was on each weekend: _____

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

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

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

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 Members from any liability from illness, injuries, and damages that arise out of or resulting from my child's participation in or travel to or from this event.

Parent/Guardian Signature: _____

Team Applicant's Signature: _____

Please be aware that the current teaming fee is \$150.

**Please mail this completed form to:
Tidewater Chrysalis, PO Box 65617, Virginia Beach, VA 23464.**

_____ Check here if you need confidential financial assistance.

_____ Check here if you are first time teamer who does not have a Chrysalis t-shirt or if you need a replacement T-shirt or Cross. There will be a cost associated with replacement items. T-shirt size: _____