

Chrysalis Team Application
Chrysalis Flight (Circle One) TYAC Journey

Applicant Information:

Last Name: _____ First name: _____ MI _____
Name you wish to appear on your tag: _____ Male: Female: Age: _____
Birthday: _____ School attending: _____ Current Yr. _____

Home/Permanent Address:

Street: _____ City/State: _____ Zip: _____
Home Phone Number: _____

School Address:

Street: _____ City/State: _____ Zip: _____
School Phone Number: _____ Applicant Signature & Date: _____

Weekend Information:

Have you teamed before? _____ How many times? _____ When? _____
List your responsibilities: _____
Do you play a musical instrument? _____ If so, which one? _____

Pastoral Information:

Name and Denomination of Church: _____
Pastor's Name: _____

Medical and Parental Information: *(Under 18 must have Parent/Guardian Signature)*

List **all** medical **allergies, medications being taken, medical problems, special diet or other pertinent information:** _____

If I **cannot** be reached, please call _____ Phone: _____

_____ 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, 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 Signature: _____ Date: _____

Completed Applications

Please enclose a deposit of \$25.00. Make checks payable to: Tidewater Chrysalis. In the event it is not possible to assign you to a weekend, the deposit is refunded. Please mail this completed application and your \$25.00 registration fee to: Tidewater Chrysalis: P.O. Box 64055. Virginia Beach, VA 23464

Financial Aid-Contact Chrysalis Board Treasurer