

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: _____

School You Currently Attend: _____ Phone Number: _____

Church You Currently Attend: _____ Pastors 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: (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 Signature: _____ Date: _____

Team Applicants Signature: _____ Date: _____

Please mail this completed form to: Tidewater Chrysalis PO Box 64055 Virginia Beach, VA 23464.

Check here if you need confidential financial assistance

Check here if you are a first time teamer who needs a T-Shirt or if you need a replacement Cross or T-Shirt
There will be a cost associated with replacement Items. Desired T Shirt size: _____