



Cross Bayou  Application  
Chrysalis Outpost

MEDICAL AUTHORIZATION

REQUIRED BY ALL APPLICANTS REGARDLESS OF AGE

I am the parent/guardian of \_\_\_\_\_

During the event I can be reached at \_\_\_\_\_  
Please give a telephone number and alternate number

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Phone Number \_\_\_\_\_  
PLEASE PROVIDE PHOTO COPY OF INSURANCE CARD, FRONT AND BACK

Participant's SSN# (This is needed in the case of emergency treatment) \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ Are there any medication to be taken during the weekend? Y/N

List Medication \_\_\_\_\_

List Allergies \_\_\_\_\_

Explain any special dietary requirements \_\_\_\_\_

\_\_\_\_\_

**COST OF OUTPOST IS \$35.00.**

**Make all checks payable to Cross Bayou Chrysalis  
Fees cover meals and an official Outpost T-shirt**

**Mail all applications to**

**Brock Bassett  
4102 Glen Street  
Bossier City, la. 71112**

Cross Bayou  Application  
**Chrysalis Outpost**

Date of Flight \_\_\_\_\_ Outpost Location \_\_\_\_\_

Name \_\_\_\_\_

Sex: Female / Male

T-shirt size \_\_\_\_\_

**PARENT/GUARDIAN**

Name (s) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Alternate Number) \_\_\_\_\_

**IN CASE OF EMERGENCY, IF PARENT/GUARDIAN IS UNABLE TO BE REACHED  
PLEASE Contact:**

NAME	PHONE	RELATIONSHIP

I, the parent/guardian, give my son/daughter permission to attend this Chrysalis Three Day Weekend.

Parent/Guardian Signature	Date

Participant's Signature	Date

**NOTARY REQUIRED IF APPLICANT IS UNDER 18**

Subscribed and sworn to before me, A Notary Public, in \_\_\_\_\_

Parish/County Louisiana/Texas the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_