

**The United Methodist Church Conference of
North Central New York
Young Mens/Womens co-ed CHRYSALIS Application**

TO BE FILLED OUT BY THE CANDIDATE AND RETURNED TO THE SPONSOR

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Date of Birth _____ Grade _____

Email address _____

Name wished on name tag _____ Sex (male/female) _____

Name/Denomination of church _____

School presently attending _____

Religious/Community organizations in which you are active _____

School organizations in which you are active _____

Do you have special dietary allergies/restrictions? What? _____

Do you take any medications? What? _____

Do you have health issues or physical handicap that may affect your participation? _____

State briefly why you wish to be involved in the Chrysalis Youth Movement _____

PLEASE RETURN THESE FORMS TO YOUR SPONSOR TO RETURN TO THE REGISTRAR.

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I understand that I must remain on site the entire weekend, beginning from 9:00 am (Saturday in October / Friday in March) until about 5:00 pm (Monday in October / Sunday in March).

Sponsor Name: _____
Address: _____
Home phone: _____ Cell phone: _____
Email address: _____

Candidate Signature: _____

Parent/Guardian Signature: _____

All requested information is necessary for proper registration for a Chrysalis Weekend.
Please fully complete forms.

You will be notified of your acceptance and the dates and location of your weekend. It is **IMPORTANT** that you notify us **immediately** if you cannot come.

There is a waiting list.

The cost of the weekend is \$50.00. You may enclose a check when returning this form to registrar or make payment at registration table on the first day of the weekend. Checks should be made payable to: NCNY Walk to Emmaus. There are scholarships available and the cost should not keep anyone from sending in an application. If you have the desire to attend, God will provide the means.

It is a very busy three days beginning at 9:00 am (Friday March/Saturday October) and ending about 5:00 pm (Sunday March/Monday October). Candidates must stay on site the entire weekend. **Therefore, persons of fragile health, or persons with serious emotional issues should not attempt a weekend.** Where health or other challenges do exist, it should be clearly stated on the application so that the team can be prepared. Also please be sure that you candidate is *willing* to attend.

All applications are confidential and are destroyed after the weekend.

Please return this form to: NCNY Chrysalis Application
Attn: Betsy Schuessler
3474 Stiles Road
Syracuse, NY 13209

Please contact: 315-399-4949 or butterflybetsy12@hotmail.com with any questions.

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****All 3 LIABILITY, CONSENT, AND MEDICAL PAGES MUST BE READ AND SIGNED FOR YOUNG ADULT TO PARTICIPATE IN CHRYSALIS WEEKEND EVENT****

PARENT/GUARDIAN RELEASE OF LIABILITY AND CONSENT FORM

Please Print

Dates and Location of Event: _____

Name of Participant: _____ **Birthdate:** _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone (_____) _____ **Cell Phone** (_____) _____

Release of Liability

I understand that participating in Chrysalis activities is a privilege. In consideration of this privilege, I release Chrysalis, including its directors, volunteers, employees and agents from and against any liability or claims for any loss, costs, damages, or injuries (including reasonable attorneys' fees and expenses) in any way arising from their participation in the Chrysalis Weekend.

I understand that my child may participate in a number of activities. I understand that there are certain risks associated with any activity; I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Chrysalis harmless from any claim asserted by me against Chrysalis, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

Consent

I have read and understand all (3) pages and portions of this agreement.

Parent/Guardian Signature: _____ **Date:** _____
(Required) Relationship to Participant (*Circle one*): **Parent** **Guardian**

Participant Signature: _____ **Date:** _____

***If participant is emancipated, proof must be provided prior to event.*

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AUTHORIZATION FOR MEDICAL TREATMENT FORM

Please Print

Participant's Name: _____ **Birth Date:** _____

Parent/Guardian Printed Name: _____
Relationship to Participant (Circle one): Parent Guardian

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Work Phone:** (____) _____

Authorization for Medical Treatment

This release and consent gives Chrysalis permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Chrysalis permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Chrysalis and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

In an emergency, you may contact the person(s) below in the event a parent/guardian cannot be reached:

Name: _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

Name: _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

Comments regarding my child's *medical history, allergies (food, medication, environmental) or drug reactions, etc.*, which may be needed in the case of any emergency treatment: _____

Medications: (Any/All Medications must be sent in their original containers.)

<u>Medicine Name</u>	<u>Used For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Insurance Co: _____ **Group No:** _____

Phone Number: (____) _____

Insured under whose name? _____ **Subscribers I.D. #:** _____

Participant's Physician: _____ **Phone (____):** _____

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Not Currently Insured – Chrysalis reserves the right to subrogation if it is later determined that personal medical insurance was in place.
Chrysalis is compliant with the Health Portability and Accountability Act (or HIPPA).

NOTE: I understand that my personal insurance will be primary coverage for any accident and that Chrysalis’s policy does not cover illness.

“Chrysalis is a Christian faith based experience meant to encourage a young Christian with their ongoing walk with the Lord. Any participant of the weekend experience should be aware that there may be moments of intense personal introspection and reflection. We ask that in signing this form, you have disclosed to the leadership any information that may be beneficial to the team, to support continued growth in faith and allow us to be in tune to any subjects that may be of a sensitive nature to the individual. All information that is shared is considered confidential and will not be shared with any one outside of the Chrysalis team and leadership.”

I have read and understand all (3) pages/portions of this agreement.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____