



# Heart of SunCoast Chrysalis



## Application Form to be completed by Candidates

Submission of this application gives Heart of SunCoast Chrysalis representatives to take and use participant's photo in ministry related materials  
Candidates must be 15 & in the 10<sup>th</sup> grade. Applications are due no later than 14 days prior to flight.

Student's Name:				
Name or nickname wished on ID tag:		Facebook or Myspace:		Student's Cell & Cell Provider:
Street Address:				
City:			State:	Zip Code:
Home Phone Number:	Student's E-Mail Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Birthday:
School you attend:				Grade:
Do we have permission to give aspirin, Tylenol or allergy medicine to your child? (If yes please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>				
Are you on a special diet? (If yes please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>		Are you on any special medication? (If yes please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>		Do you have a health or physical handicap that may affect your attendance at a Chrysalis? (If yes, please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>
In what religious and/or community organizations are you active:			List any allergies you have. Include medicines.	
Has Chrysalis been explained to you?			T-Shirt Size: S M L XL XXL XXXL	
State why you wish to participate in Chrysalis and what you expect from it:				
Name of church now attending:				Denomination:
Sponsor's Name			Sponsor's Phone Number	
Candidates Signature:				Date:
Pastor's or Youth Director's Signature (REQUIRED).				

**BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED AND SUBMITTED.**

**Emergency Permission – Must be completed for all attending**

To be signed by parent or guardian if candidate is **under 18** years old. If over 18, may be signed by the candidate.

In the event of an emergency, illness or accident, parents or guardian will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need emergency permission for medical care signed and **notarized**.(if under 18 and signed by parent)

**Everything must be completed on this form!**

In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I understand that I will be contacted at the earliest possible moment.

Signed:		Relationship:
Home Phone:	Work Phone:	
Street Address:		
City:	State:	Zip Code:
<b>Insurance Information</b>		
Insurance Company:		
Policy Number Code:		
<b>To be completed by Notary Public:</b>		
State of:		
County of:		
The foregoing instrument was acknowledged before me this _____ day of _____ by _____ who is personally known to me and who did not take an oath.		
Notary Public Signature:	(Seal)	

\* Someone who has been to Chrysalis or Emmaus or VDC must sponsor you. If you do not have sponsors, we will try to find them for you. The cost will be payable now or on your weekend. Please make check payable to Heart of SunCoast Chrysalis. You will be notified of your acceptance and the dates and location of your weekend. Please notify us immediately if you cannot come so someone else can attend. If you cannot return this to a sponsor, mail it to Nikole Segale 3315 Bryan Rd. Brandon Fl 33511 with any questions. **A notary will be present during registration/check-in at the beginning of the Chrysalis Weekend.** Fax number is (813) 662-0013.

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