



# Heart of SunCoast Chrysalis

## Team Application

There are two pages as part of this form.

Name:		Address	
City	State	Zip Code	Email:
School		Grade	Age
Home Phone	Cell Phone:		Cell Provider
Do you need a Chrysalis Cross? (Cost is \$3.00)	Do you need a Chrysalis T-Shirt? (Cost is \$10.00)		T-Shirt size:
Do you need a Chrysalis Worship Book? (Cost is \$3.00)	Do you need a Chrysalis Name Tag? (Cost is \$2.00)		Do you need a scholarship? (MAXIMUM IS \$50.00)
AIM, MySpace, FaceBook or other social networking site information			
Name of church now attending:			
Denomination		Do you attend regularly? <input type="checkbox"/> yes <input type="checkbox"/> no	
Where did you make your Via de Cristo, Emmaus/Cursillo/Chrysalis/Kairos?		When?	Flight or Walk #
List team service that you have performed. Include ANY service you have done on three-day weekend.	Flight _____ Position _____ Flight _____ Flight _____ Flight _____ Position _____ Flight _____ Flight _____		
Why do you want to serve on this weekend?			
What is your definition of servant?			
Are you in a reunion group at this time? <input type="checkbox"/> yes <input type="checkbox"/> no When, and where _____			
If I am called to serve on a Chrysalis weekend, I will pray before making any decision I understand that there is a cost to serve on the weekend that must be paid as soon as possible, <b>but no later than the preview weekend</b> . As a part of the team, I will participate in Team Training, Preview Weekend, Team Dinner, and the entire Chrysalis Weekend. My signature on this form is my agreement to these statements.			
Signature			

There are two pages as part of this form.



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## Team Emergency Permission

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

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:
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Home Phone:	Work Phone:
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Street Address:
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City:	State:	Zip Code:
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**Insurance Information**

Insurance Company:	
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Policy Number Code:	
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**To be completed by Notary Public:**

State of:
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County of:
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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)
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\* The cost will be payable now. Please make check payable to Heart of SunCoast Chrysalis. Please notify us immediately if you cannot serve so someone else can be selected. If you cannot return this to the Lay Director, mail it to Nikole Segale, 3315 Bryan Rd, Brandon, FL 33511 or call (813) 689-6849 with any questions. **A notary will be present during registration/check-in at the beginning of the Chrysalis Weekend.**