

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Home phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Church Name \_\_\_\_\_  
Church Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number in case of emergency ( \_\_\_\_\_ ) \_\_\_\_\_

Date \_\_\_\_\_  
Gender F M (circle one)  
Home phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Preferred name for name tag \_\_\_\_\_  
Name of your High School \_\_\_\_\_  
Age/Grade \_\_\_\_\_  
Denomination \_\_\_\_\_  
Pastor's Name \_\_\_\_\_  
Pastor's Signature \_\_\_\_\_  
T-shirt size \_\_\_\_\_

Have you and your parents read the Chrysalis Brochure? \_\_\_\_\_

From whom did you learn about Chrysalis? \_\_\_\_\_

In what church, school, or community organizations are you active? \_\_\_\_\_  
\_\_\_\_\_

Do you have special diet needs? \_\_\_\_\_

Are you on any special medication? \_\_\_\_\_ Name of medication \_\_\_\_\_

Do you have limitations that require special preparations for participation in Chrysalis? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Please state briefly why you want to attend a Chrysalis weekend, what you expect from it, and anything else that you wish to share. \_\_\_\_\_  
\_\_\_\_\_

**Registration Fee: Please refer to the Chrysalis website ([www.keystonechrysalis.org](http://www.keystonechrysalis.org)) for the current flight cost. Checks should be made payable to Keystone Walk to Emmaus.**

**TO PARENT/GUARDIAN:** Do we have permission to photograph your child for publicity purposes? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Co-Sponsor's Name \_\_\_\_\_

# Keystone Chrysalis

**SPONSORS:** Please read the following statement carefully and give it prayerful consideration.

***Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for either weekend should have an active desire to deepen their faith and their understanding of God's love, and become closer to Christ in their daily lives and discipleship.***

***A sponsor is requested to provide information to the applicant, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis weekend site. Please review How to Sponsor Persons to Chrysalis and the Twelve Steps to Sponsorship found in the Chrysalis Flight Information Packet.***

Sponsor's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work/College Phone ( \_\_\_\_\_ ) \_\_\_\_\_

When did you attend your Emmaus/Chrysalis/Cursillo/Tres Dias/other Weekend? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

***Please furnish any additional comments that you feel could help the team understand and relate to the caterpillar. Comments about the candidate's family, personality, attitude toward life, doubts, difficulties, and hopes may be significant. (Note: All comments will be kept in confidence!)***

\_\_\_\_\_  
\_\_\_\_\_

***If you are sponsoring a caterpillar within six months of your own weekend, or sponsoring more than one person, for a single weekend, then you should have a co-sponsor. Others may also have co-sponsors to assist them.***

Co-sponsor's Name \_\_\_\_\_

Co-sponsor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Co-sponsor's Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work/College Phone ( \_\_\_\_\_ ) \_\_\_\_\_

When did you attend your Emmaus/Chrysalis/Cursillo/Tres Dias/Other Weekend? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Will you assist in ALL sponsoring activities with the sponsor? yes no (circle one)

***As a potential sponsor/co-sponsor, have you reviewed, do you understand, and will you take seriously the "How to Sponsor Persons to Chrysalis and the Twelve Steps to Sponsorship"? yes no (circle one)***

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL TO:** Keystone Chrysalis – Attention: Registrar  
P.O. Box 143  
Selinsgrove, PA 17870

## PARENTAL MEDICAL RELEASE FORM

**Please complete all portions of this form and return with application to:  
Keystone Emmaus/Chrysalis Registrar  
P.O. Box 143  
Selinsgrove, PA 17870**

Name of child \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age of child \_\_\_\_\_

My child has the following physical condition that may require special attention:

( ) Diabetes ( ) Hyperventilation ( ) Convulsions ( ) Seizures ( ) Allergies

( ) Other (*please specify*) \_\_\_\_\_

Does your child require any special accommodations or have special accessibility needs? \_\_\_\_\_

If yes, specify \_\_\_\_\_

### **Medical Treatment Release and Liability Release**

I hereby authorize the Chrysalis staff to obtain and give consent for medical treatment for my child for injury or illness that may occur during the event, and hereby hold the event staff and their representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles, operated by the adults, in whose care the child has been entrusted while attending and participating Chrysalis.

It is my understanding that the above named child will be covered by my personal medical insurance. Payments of any medical injuries not covered by my insurance will be paid by me.

Name of parent/guardian (*Please print*) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Phone numbers: Home (\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_

Other phone number where you may be reached (\_\_\_\_) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Group No. \_\_\_\_\_