

# Burning Hearts Emmaus Chrysalis of West Central Indiana

PO BOX 767 Crawfordsville IN 47933

## Application to attend a Chrysalis Flight

Please complete this form and return to your sponsor.

APPLYING FOR:

PLEASE CHECK

GIRL'S FLIGHT ( )

BOY'S FLIGHT ( )

NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_\_ GENDER AT BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES TO WHICH ARE ACTIVE IN:

IF EMPLOYED, WHERE AND WHAT NATURE OF EMPLOYMENT:

NAME OF CHURCH YOU ATTEND \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### HEALTH CONCERNS:

Do you have any health or physical problems which require special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Any allergies (bee stings, food, poison ivy, food, etc.) \_\_\_\_\_

Medication you take on daily basis \_\_\_\_\_

Do you require a restricted diet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Has Chrysalis been explained to you? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you think the Chrysalis experience will impact your life and what do you hope to get from it?

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### SPONSOR INFORMATION

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR:**

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency contact (other than listed above)**

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ ID # \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. At times, an Emmaus Walk involving adults of the same sex will take place at the same time and on the same campus as the Chrysalis Flight. The Walk and the Flight are separate yet may overlap at closing, mealtimes, etc. Also, some adults of the opposite gender may participate on the service team for the Flight. All adults participating are screened with a background check. Every precaution will be taken to ensure the safety of all individuals involved.

In the event of an emergency, the Chrysalis staff has my permission to secure the services of qualified medical personnel to provide the care necessary for my child's well-being. I further give the Chrysalis staff my permission to administer the medications checked below for minor illness or injury.

( ) Aspirin ( ) Tylenol ( ) Ibuprofen ( ) Pepto Bismol ( ) Milk of Magnesia

I consent to the above information. Signed: \_\_\_\_\_ date \_\_\_\_\_

**RECOMMENDATION FROM PASTOR, YOUTH COUNSELOR OR TEACHER**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Contact # \_\_\_\_\_ Email \_\_\_\_\_

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

Please furnish any information that might help the team understand and deal more effectively with the needs of the applicant. (Home life, his or her doubts, hopes, difficulties)

**\*Please enclose a non-refundable deposit of \$20.00 which will be applied toward the fee of \$100.00.**

**Balance is due at the beginning of the Chrysalis Weekend.**

**Make checks payable to: *Burning Hearts Emmaus Chrysalis of West Central Indiana.***

( ) Please check this box if financial assistance is needed. An application must be completed by the parent or guardian. Applications may be obtained from any board member.

Hanging Rock Christian Camp is a TOBACCO free campus. Absolutely no tobacco or tobacco products, including vaping, will be permitted anywhere on the grounds. If you use any of the above-mentioned items, you will be unable to do so for the time you enter the camp Friday morning until you depart on Sunday evening.

Please contact Board Registrar for questions:

**Sondra Sixberry**

**765-866-8360**

**[S6berry@protonmail.com](mailto:S6berry@protonmail.com)**

<b>OFFICE USE ONLY:</b>			
<b>Date Received:</b>	<b>Assigned to Flight Number:</b>	<b>Deposit:</b>	<b>Other:</b>