

Living Waters Chrysalis Candidate Application

(Please Print)

Name: _____ Name wanted on Nametag: _____

Address: _____ Gender: () Male () Female

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail address: _____

Birth date: ____/____/____ Age: ____ what grade are you currently attending in school? ____

Home Church: _____ Denomination: _____

Pastor: _____

Have You Been Baptized? Yes____ No____

Has Chrysalis Been Explained To You? Yes____ No____

Has The Follow-up Program Of Reunions and Gatherings Been Explained? Yes____ No____

State briefly why you wish to participate in a Chrysalis weekend and what you expect from it.

You must be sponsored by someone who has attended Chrysalis, Emmaus, Cursillo, or other 3-day weekend.

Sponsor's Name: _____ Community: _____ Walk: _____

Please enclose a pre-registration deposit of \$50 (non-refundable, except if there are no openings). This amount will be applied to your contribution of \$100 for the weekend. This partially offsets the expenses of your weekend. Partial scholarships are available on a limited basis for cases of need. Make check payable to Living Waters Chrysalis. You will be notified of your acceptance and the dates and locations of your weekend. Please notify us if you cannot attend the weekend as soon as possible.

Candidate's Signature: _____ Requested Flight # _____ Today's Date: _____

Mail completed application (4 pages total) to:
Living Waters Chrysalis –Attn: Registrar
P.O. Box 361851
Birmingham, AL. 35236

Scheduled Chrysalis Flights
Boy's Flight # 8 – January 1-3, 2010
Girl's Flight # 9 – March 19-21, 2010

Living Waters Chrysalis Sponsor Sheet

Sponsors are asked to read the following statement carefully and to give it their prayerful consideration:

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship.

(Please Print)

Sponsor of: _____

Sponsor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone : _____

Church you attend: _____

Walk Community: _____ Walk: _____

Are you now in a reunion group? Yes___ No___

Why do you feel you candidate would benefit from Chrysalis?

Will You: Bring your candidate to their weekend? Yes ___ No ___

Attend sponsor's hour at send off? Yes ___ No ___

Attend Candlelight? Yes ___ No ___

Attend Closing? Yes ___ No ___

Obtain necessary agape correspondence for your candidate? Yes ___ No ___

Assist the candidate in getting into a reunion group? Yes ___ No ___

Please include below any pertinent information about the candidate that may help the team to meet their needs.

Comments about the candidate's home situation, personality, leadership ability, and especially any problem areas would be of great assistance. Thank you!

Sponsor's Signature: _____ **Date:** _____

Living Waters Chrysalis Candidate's Health Information

(Please Print)

Candidate's Name: _____

Primary Emergency Contact: _____

Home Phone: _____ **Work Phone:** _____ **Cell phone:** _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ E-mail address: _____

Work Phone: _____ Cell Phone: _____

Hospital Insurance? Yes ___ No ___

Insurance Company _____

Policy Number _____

Any reaction to medications? Yes ___ No ___ if yes, briefly explain.

Any allergies to foods/detergents/etc? Yes ___ No ___ if yes briefly explain.

Any physical disabilities or limitations? Yes ___ No ___ if yes, briefly explain.

Other medical information which might be necessary for the proper care of this young person.

Please list any medications which the youth is presently taking. An adult will dispense any/all medication to your youth during the weekend. All medications will be kept in a secure location.

Living Waters Chrysalis Parental Consent Form

To whom it may concern:

**The undersigned does hereby give permission for our (my) child: _____
to attend and participate in the Living Waters Chrysalis.**

In case of emergency, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination: anesthetic, medical, surgical or dental diagnosis or treatment: hospital care, to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Living Waters Chrysalis.

I (we) hereby waive and release the Living Waters Emmaus Community of Alabama, Inc. from any and all liabilities resulting from injuries or illnesses while attending Camp Boothe Ministry Center Inc., or while participating in any activities involving the Living Waters Emmaus Community of Alabama, Inc.

Required Signatures: Must be witnessed by Notary Public.

Father: _____ **Date:** _____

Mother: _____ **Date:** _____

Legal Guardian: _____ **Date:** _____

Sworn to and subscribed before me this _____ Day of _____ 20_____

Notary Public: _____