

# NEW COVENANT CHRYSALIS APPLICATION

For Grades 8-12

(Completed applications must be in the hands of the Registrar no later than 2 weeks prior to each flight.)

## Applicant Information

PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Name you wish to appear on your name tag \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Applicant's Cell Number (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_  
Birthday \_\_\_\_\_ Applicant's E-mail Address \_\_\_\_\_  
T-Shirt size \_\_\_\_\_ School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_

## Preparatory Questions

Has the Chrysalis event been explained to you? \_\_\_\_ State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_

## Pastoral Information

Church Name/Denomination \_\_\_\_\_ Pastor Name \_\_\_\_\_  
Pastor/Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

## Medical & Parental Information (Applicants MUST have Parent / Guardian signature)

Medical issues/allergies and physical limitations: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

(Please write out a description of how & when each medication should be dispensed. Turn in w/meds at registration.)

Special diet/food allergies: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the 3-day Chrysalis event. In the event of an emergency, and I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. I further hereby do release and forever indemnify NCEC, Chrysalis, its Board members, and volunteers from any and all liability from illness, injuries and damages that may arise out of or resulting from my child's participation in or traveling to or from this event including loss or injury resulting from negligence.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent / Guardian PRINTED NAME \_\_\_\_\_

If I cannot be reached, please call \_\_\_\_\_ Phone \_\_\_\_\_

## **Applicant:**

**Please return this completed form to your sponsor & enclose a non-refundable deposit of \$30.00. This will be applied toward your total registration fee of \$175.00 which off-sets the expenses for the 3 days. Please make checks payable to New Covenant Chrysalis.** If you or your parents are unable to cover the total registration fees, work with your sponsor to identify alternative sources of funding. THE DEPOSIT IS NON-REFUNDABLE UNLESS THERE ARE NO OPENINGS FOR YOU. You will be notified of your acceptance and the date, location and time of your event. **IMPORTANT:** Please notify the registrar, Stephanie Laster, at (256) 710-1602 or NewCovenantRegistrar@gmail.com immediately if you are unable to attend. Applications will be kept on file for 2 years for those that could not attend.

*Please note that applicants age 19 and over will be checked in the sex offender database.*

For Registrar's use only: Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

# CHRYSALIS APPLICANT SPONSOR FORM

(to be filled out by Sponsor)

**NOTE TO SPONSOR FROM REGISTRAR:** Completed applications must be in my hands no later than two weeks prior to each flight. Please don't just hand the application to your applicant to complete... walk them through each step in the process. Then fill out the Sponsor's form below, & immediately MAIL this form & the \$30.00 registration deposit to:

New Covenant Chrysalis  
ATTN: Registrar  
P.O. Box 2376  
Madison, AL 35758

Electronic forms, with a digital signature, may be e-mailed to: NewCovenantRegistrar@gmail.com  
Please note that forms submitted via e-mail still require a \$30 deposit.

## Sponsor Information

**PLEASE PRINT CLEARLY**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

When and where did you attend Emmaus, Chrysalis or Cursillo? \_\_\_\_\_

## Sponsor's Responsibilities

Have you fully explained Chrysalis to your applicant? ..... \_\_\_\_\_

Have you fully explained Chrysalis to his / her parents or guardian? ..... \_\_\_\_\_

Will you assist your applicant in finding a Reunion Group or similar support group to join? ..... \_\_\_\_\_

Will you pray and sacrifice for your applicant? ..... \_\_\_\_\_

Will you bring your applicant to the Flight Send-off? ..... \_\_\_\_\_

Will you attend the Sponsor's Hour, Candlelight and Closing? ..... \_\_\_\_\_

Will you bring your applicant to the Follow-up meeting when it is held? ..... \_\_\_\_\_

Will you bring your applicant to the Chrysalis "RuSH" / Emmaus Gathering? ..... \_\_\_\_\_

If your answer is no to any of the above questions, will you arrange for a person to handle it? ..... \_\_\_\_\_

## Special Needs of Applicant

Does your applicant have the physical, mental & spiritual health needed to attend this Flight? ..... \_\_\_\_\_

Is your applicant under any temporary emotional strain that suggests postponement to a later flight? ..... \_\_\_\_\_

Are there any additional circumstances concerning this applicant of which this team should be aware? ..... \_\_\_\_\_

If so, please explain: \_\_\_\_\_

## Sponsor Reminder

Sponsor, please remember that the Chrysalis Flight is an intense program of Christian study and spiritual growth. It is **NOT** a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, and desires an opportunity to grow in Christ and enhance their participation in Church. Your applicant or their family is responsible for the participation fee. If you want to help with those expenses, you are encouraged to do so as an act of agape. For additional financial help, relatives, friends, or church should be contacted promptly so there is time to plan for that expense. There is limited scholarship assistance available in extreme cases. **Contact the registrar at least two weeks before the flight if scholarship assistance will be needed.**

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