

Application to Serve on a Wyoming Chrysalis Team—YOUTH



Applicant Information

Applicant's Legal Name: _____ **Nickname:** _____
Address: _____ **Sex:** Male Female
City: _____ **State:** _____ **Zip:** _____ **Date of Birth:** _____
Phone (_____) _____ **Current Grade Level:** _____
Cell (_____) _____ **IM Screenshot:** _____
Applicant's E-mail: _____ **School you attend:** _____
Name and Denomination of the Church You Attend: _____
When/Where Was Your Chrysalis Flight: _____
Table Leaders: _____
Church & School Activities:

Please List Previous Team Experience (Including Roles)

Have you participated in HOOTs/Next Steps Retreats? Yes No **Are you a member of a group reunion?** Yes No
Have you attended a Chrysalis Clowning Workshop? Yes No **I'd like to attend a Clowning Workshop?** Yes No
Do you play a musical instrument well enough to accompany a group? Yes No **Instrument:** _____

Team Roles

Please put an X next to all those roles which interest you. If you wish, you may rank your preference from 1 (highest) to 5 (lowest). Remember that depending on the needs of the team, and the discernment of the team selection committee with the leading of the Holy Spirit, you may be asked to serve a role other than the one(s) you have indicated.

___ **Table Leader** ___ **Music** ___ **Assistant Lay Director** ___ **Background** ___ **Background/Clown**

Please indicate the talks you would be willing and able to give (you may also rank these):

___ **Ideals** ___ **Prodigal** ___ **Christian Growth Through Study** ___ **Christian Action** ___ **Next Steps**

Please tell us why you have chosen that talk or talks:

After prayerful consideration, I would like to serve God by being a member of a Chrysalis team whatever capacity I am asked.

Applicant: _____

I commit to attend all team meetings (usually 25-30 hours total)

Applicant: _____

I understand that team members are responsible for their expenses for the weekend and that limited scholarship assistance is available. (currently limited to \$50)

Applicant: _____

Parent/Guardian: _____

For Office Use Only

Total Cost of Event \$ _____ **Payment 1/Deposit \$** _____ **Payment 2 \$** _____ **Payment 3 \$** _____ **Date paid in full:** _____
Application Received: _____ **Role Offered:** _____ **Talk:** _____

Current Health Information

Food Restrictions/Allergies:

Operations or serious injuries (dates):

List ALL medications (include complete instructions):

Family Medical Insurance Carrier: _____

Policy and/or Group #: _____

Please note all special restrictions, behaviors, or considerations the leadership should be aware of:

Emergency Contact

Emergency contact: _____ Relationship to Applicant: _____

Daytime: (_____) _____ Evening: (_____) _____

Cell: (_____) _____ E-mail: _____

Emergency contact: _____ Relationship to Applicant: _____

Daytime: (_____) _____ Evening: (_____) _____

Cell: (_____) _____ E-mail: _____

Permission to attend

I/We hereby grant permission for my/our child to participate as a team member of a Wyoming Conference Walk to Emmaus/Chrysalis Community Incorporated [heretofore referred to as "Wyoming Chrysalis"] Weekend and participate in all the activities/events of the weekend. I authorize the use of his/her photograph and/or name in Wyoming Chrysalis programming and/or public relations materials; and for my child's name and address to be shared with fellow participants. I also authorize transportation of my/our child in a vehicle driven by an adult member of the leadership team should that be a necessary part of the weekend.

I/We assume full responsibility for my/our child's behavior.

In the event I/we cannot be reached in an EMERGENCY, I/we hereby give my/our permission to Wyoming Chrysalis to seek treatment for my/our child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I/We agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I/We agree to care for medical expenses not covered by our insurance. I/We authorize administration of nonprescription medications (aspirin, acetaminophen, cold medication, etc.) to my child by an adult member of the team if needed.

It is my/our intention that Wyoming Chrysalis be treated as acting *in loco parentis*. Further, it is my/our intention that the appropriate representatives of Wyoming Chrysalis be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to Wyoming Chrysalis representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the Wyoming Chrysalis representatives related to the person's ability to participate in retreat activities; and (ii) in the case of minors, to provide relevant information to the Wyoming Chrysalis representatives to keep me informed of my/our child's health status.

I/We do hereby release Wyoming Chrysalis, its members, and the Wyoming Annual Conference from liability from any and all damage and injuries that occur under reasonable supervision and care.

Signature(s) of Parent(s) or Guardian(s) X _____ Date: _____

X _____ Date: _____