

# Wyoming Chrysalis—Candidate Application

# 2009



## Candidate Information

Candidate's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ Sex:  Male  Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Candidate's E-mail: \_\_\_\_\_ IM Screenname: \_\_\_\_\_  
School You Attend: \_\_\_\_\_  
Has Chrysalis been explained to you?  Yes  No Has the Fourth Day (follow-up) program been explained to you?  Yes  No  
What religious, community, or school organizations are you active in?

How did you learn about Chrysalis?

What interests you about a Wyoming Chrysalis Weekend, and why do you want to attend one?

## Parent/Guardian Information

Parent's/Guardian Name: \_\_\_\_\_ Parent's/Guardian Name: \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

*In the event of an emergency and neither parent/guardian can be reached, please call:*

Name: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Sponsor Information

Sponsor's Name: \_\_\_\_\_ Sponsor's Walk/Flight # \_\_\_\_\_  
Address: \_\_\_\_\_ Walk/Flight Dates: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Church Information

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_

### For Office Use Only

Total Cost of Event \$ \_\_\_\_\_ Payment 1/Deposit \$ \_\_\_\_\_ Payment 2 \$ \_\_\_\_\_ Payment 3 \$ \_\_\_\_\_ Date paid in full: \_\_\_\_\_  
Application Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_ Letters Sent: Candidate: \_\_\_\_\_ Parent: \_\_\_\_\_ Sponsor: \_\_\_\_\_ Pastor: \_\_\_\_\_

## 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:

## Permission to attend

I/We hereby grant permission for my/our child to attend 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: \_\_\_\_\_

- A non-refundable deposit of \$25.00 should accompany this application, unless prior arrangements have been made directly with the Wyoming Chrysalis Registrar. The deposit will apply toward the total cost of the event. Visit [wchrysalis.blogspot.com](http://wchrysalis.blogspot.com) for current cost.
- If your application is accepted, your name will be placed on the candidate list for the next Chrysalis weekend. You will be notified of the date. If you cannot attend on that date, you may choose to keep your application active for the next weekend or you may request a refund of your registration fees (minus deposit).
- If you are accepted for a flight and choose to cancel less than 2 weeks prior to the weekend, a new application and \$25 deposit will be necessary.
- The balance is due before or at registration for your Chrysalis weekend. **Checks are payable to "Wyoming Chrysalis."**
- Scholarship funds are available. If you will need a scholarship, please check this box o.

Is a non-refundable deposit enclosed?  Yes  No

I wish to attend a "Wyoming Chrysalis Weekend" X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Candidate

Send completed form and deposit to: **Wyoming Conference Chrysalis**, PO Box 58, Endicott NY 13760.