

**Liability Release:** By signing this form, I understand that I release the Chrysalis R.O.C.S. community, New Lexington First United Methodist Church, The Upper Room and any other party directly or indirectly involved with any Chrysalis flight from liability, claims, or demands for personal injury, as well as personal property damage or any expenses as a result of participation in the Chrysalis Flight.

Chrysalis staff members are mandatory reporters with the State of Ohio. Any reports of physical or sexual abuse reported by participants under the age of 18 will be reported to the proper authorities.

\*\*\* A \$20 pre-registration deposit is required with this application and will be applied toward your contribution of \$60 which offsets the expenses of your weekend. If paying by check, please make it payable to Chrysalis R.O.C.S. You will be notified of your acceptance to the flight by mail and/or email. Any balance due will be collected the morning you arrive at the church. Upon completion of this application, please give your money and signed application to your sponsor and they will send it in. \*\*\*

### **TO BE COMPLETED BY SPONSOR**

**Attention Sponsors ~ complete this section and send to the Chrysalis Registrar**

Cheri Bauman  
35816 Scout Rd.  
Logan, OH 43138

Please feel free to contact me at:  
740-380-3040 (home)  
740-466-1867 (cell)

cheri.bauman@gmail.com

Sponsor's Name \_\_\_\_\_ Have you been a sponsor before? **YES** or **NO**

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

Best Number to reach you: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_ Address: \_\_\_\_\_

Where did you attend Chrysalis/Emmaus \_\_\_\_\_ Walk/Flight # \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Nature of relationship? \_\_\_\_\_

Why do you think the applicant would benefit from this weekend? \_\_\_\_\_

Are you willing to pray for the applicant during the flight weekend? YES or NO

Will you be bringing the applicant to the Chrysalis Flight? YES or NO

Will you be attending sponsor's hour on Saturday morning? YES or NO

Will you be attending the Closing Service on Monday evening? YES or NO

Have you explained a R.U.S.H. and Share Group to the applicant? Yes or NO

Will you contact the applicant's families to explain the weekend and invite them to closing? Yes or NO

Co-Sponsor (if any) \_\_\_\_\_ Phone \_\_\_\_\_

Any questions or additional information we should know? \_\_\_\_\_

#### **Please Note:**

If you have never been a sponsor before or are unable to answer "YES" to any of these questions, you **MUST** find someone to be a Co-Sponsor with you. ☺

**Please be aware there is minimal contact with the applicant during the weekend. If an emergency arises, you may contact the Chrysalis staff at New Lexington First United Methodist Church at 740-342-1063. Thank you.**

**Flight**  
 \_\_\_ Girls  
 (Jan.) \_\_\_ Boys  
 (Feb.)

# Chrysalis R.O.C.S. Application

New Lexington First United Methodist Church

**Registrar Use Only**  
 Deposit Rcvd \$ \_\_\_\_\_  
 Cash or Check # \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name (Nick Name) \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell \_\_\_\_\_ May we send you text messages? **Yes** or **No**

E-mail Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Current Grade Level \_\_\_\_10<sup>th</sup> \_\_\_\_11<sup>th</sup> \_\_\_\_12<sup>th</sup> College \_\_\_\_1 \_\_\_\_2 \_\_\_\_3 \_\_\_\_4

School You Attend: \_\_\_\_\_

School Activities: \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_

Church Address: \_\_\_\_\_

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

Has Chrysalis been explained to you by your sponsor? **YES** or **NO** Has the follow up been explained? **YES** or **NO**

Why do you want to attend Chrysalis and what are you expecting? \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any medication you will be taking or do you have special dietary needs? **YES** or **NO**(If yes please see below!)

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Special Medical and/or Dietary Needs**

Please list any medications you take regularly, any known allergies or medical conditions as well as special dietary needs (diabetic, vegetarian, etc.) you may have. \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN (IF APPLICANT IS UNDER AGER 18)**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In event of emergency, if I/we are unable to be reached by phone, the Chrysalis staff has permission to secure medical services by licensed professionals to provide necessary care, including the use of anesthesia.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**(Please read the Liability Release statement on the back of this form before signing. Thank you!)**

**Please Note:**  
*Chrysalis participants MUST be at least 15 years old OR a sophomore in High School.*