

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

Sponsors-Please Send in your Applications two weeks prior to the Chrysalis Flight

Andy Ellinger
PO Box 223
New Straitsville, Ohio 43766
740-394-2444 (home)
andyellinger@yahoo.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

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. 😊

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 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 ____10th ____11th ____12th College ____1 ____2 ____3 ____4
 School You Attend: _____
 School Activities: _____
 Name of Church you attend: _____
 Church Address: _____
 City _____ State _____ Zip _____
 Pastor's Name: _____

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

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!)