



Application for Northern California/Nevada Chrysalis

Chrysalis is a three-day spiritual renewal retreat that provides participants an opportunity to learn more about faith, to experience Christian love and support and a chance to make new commitments in their faith journey. The content of the three days focuses on God's grace, how one experiences Christ as a friend in the body of Christ and how one is called into discipleship, giving love to a needful world.

What happens at Chrysalis?

You will spend three days with other young people in worship, prayer, fellowship, recreation, singing, and discussion. You will experience the love of Christ through prayers and acts of service of a loving support community. You will hear talks given by youth and adults. The talks focus on the needs of maturing youth and offer the message of the Gospel and the friendship and example of Jesus Christ. Five talks are given each day followed by discussion and reflections of how these messages can be helpful to your personal faith. You will explore how this friendship with Jesus can help you live your faith with family, friends and community.

The Chrysalis applicant must be at least 15 years old and have completed the 9th grade. They must be active in their own church and youth group. Applicants over 19 years old will be considered, but may be encouraged to attend a Walk to Emmaus for adults.

Absence from Public School for Religious Instruction

California state law considers a "one-time" absence for religious instruction to be excused for making-up class work and un-excused for funding. Students are strongly urged to contact their school attendance office to provide advance notice and to clarify their school policy for making-up schoolwork.

For Additional Information Contact:

Ellen Thomas, Chrysalis Registrar

5168 Valley Hi Drive

Sun Valley, NV 89433

775-673-1443

btluvset@nvbells.net

**Northern California/Nevada Chrysalis Community
Request for Candidate Reservation**

TO BE COMPLETED BY CANDIDATE: (PLEASE TYPE OR PRINT LEGIBLY)

Date and Location of Weekend
You Wish To Attend: _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Sex: Male Female

E-Mail Address: _____

Name Wished On Name Tag: _____

School: _____ Grade: _____

Name and Addresses of Two Close Friends:

Name and Denomination of the Church You Now Attend:

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Pastor's Name:

Name and denomination of other churches you and/or your family have been attending:

--

Church and Community Activities:

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What is your understanding of Chrysalis?

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What questions do you have about your faith?

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How has your faith grown in the last two years?

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Applicant's Signature: _____ Date _____

---Please Return Your Application to Your Sponsor---

TO BE FILLED OUT BY SPONSOR(S): (Use Additional Paper If Needed)

Candidate's Name: _____

Sponsor's Name: _____ Sponsor's Phone: _____

Sponsor's Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ Your Flight Or Walk #: _____

Why do you believe this candidate will benefit from the Chrysalis weekend?

Is there any family situation/crisis that the team needs to be aware of to support the candidate? Yes No
If Yes, please explain:

Can we have the clergy contact you to discuss this prior to the weekend? Yes No Are You Over 18 Years Of Age? Yes No

Sponsor's Signature: _____ Date _____

TO BE FILLED OUT BY CLERGY

How long have you known the applicant? _____

Is there any family situation/crisis that the team needs to be aware of to support the candidate? Yes No
If Yes, please explain:

If the situation is of a sensitive nature, can we have a clergy from the weekend contact you to discuss this prior to the weekend? Yes No

Are you familiar with the Chrysalis (or Walk to Emmaus) movement? _____ If not, would you like more information? _____

What is the applicant's current level of involvement at church and youth program (s)?

I support the attendance of this applicant at the Chrysalis weekend. Yes No

Clergy Signature: _____ Date _____

Church/Denomination: _____

Please return application and a \$75.00 registration fee to:

**Ellen Thomas, Chrysalis Registrar
5168 Valley Hi Drive
Sun Valley, NV 89433**

Please make checks payable to Emmaus, and designate Chrysalis.

**(A limited amount of financial support is available for sponsors who may find the financial obligation difficult to meet. If you desire assistance in this area, contact the Lay Director of the weekend you are applying for.)
Please notify the registrar IMMEDIATELY if your candidate cannot attend since there may be a waiting list.
Please send in your application early as a flight could be cancelled due to poor attendance.**

TO BE COMPLETED BY PARENT OR GUARDIAN:

_____ has my/our permission to attend the Chrysalis weekend.
In the event of emergency my authorization for emergency treatment is provided below.

I (we) the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the medicine practice act or a dentist licensed under the provisions of the dental practice act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL (DATE)* _____
*ASSUMED EFFECTIVE FOR ONE YEAR FROM DATE OF SIGNATURE
BELOW UNLESS OTHERWISE SPECIFIED)

SIGNATURES OF PARENT(S) OR GUARDIAN(S):

Sign: _____ Date: _____

Print Name (Parent 1): _____

Sign: _____ Date: _____

Print Name (Parent 2): _____

PARENT(S) CONTACT INFORMATION:

Parent 1 Mailing Address: _____ Parent 2 Mailing Address: _____

Parent 1 E-mail Address: _____ Parent 2 E-mail Address: _____

In the event that your child must return home before the weekend is over, or in case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone: _____ or _____

RESTRICTIONS, ALLERGIES, MEDICATIONS:

Please list any restrictions, allergies, medications being taken, medical problems, special diet, physical or health limitations or other pertinent information so that appropriate arrangements can be made:

Recent stresses in child's life that would affect his/her participation:

INSURANCE INFORMATION:

Insurance Provider: _____ Policy #: _____

Subscriber's Name: _____