



# Greater Quad –Cities Area Chrysalis Outreach

## Chrysalis Weekend Application

Date: \_\_\_\_\_ Flight #: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_

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

Applicant MUST be at least age 15.

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

Year of High School Graduation: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School you presently or will attend: \_\_\_\_\_

School activities you are involved in: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Church or community activities you are involved in: \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_

(use back of page if needed)

Sponsor(s) Name(s) \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\*\*\* The "Sponsor's Information Form" must be filled out by the sponsor and sent in with this application. \*\*\*\***

### SHADED AREA TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER AGE 18!

I/We give permission for my/our youth, \_\_\_\_\_ to attend and participate in Chrysalis Flight # \_\_\_\_\_ sponsored by the Quad Cities Chrysalis Community on dates \_\_\_\_\_ through and including \_\_\_\_\_.

I/We give my/our permission and consent to the adult members of the Quad Cities Chrysalis and Walk to Emmaus Communities to secure and authorize any emergency medical care and treatment as my/our youth might require, including anesthesia. I/We also agree to pay the entire costs and fees contingent on any emergency medical treatment of my/our youth as secured or authorized under this consent. Unless specifically prohibited as a medical concern listed below, I/we also give permission for my/our youth to receive free of charge any over-the-counter medications on hand that may be needed.

I/We give my/our permission to transport by chartered bus or by a volunteer's vehicle to a distant church site on the Saturday or Sunday evening of the weekend experience, then to return to Camp Milan by same means of transportation.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Every effort will be made to notify parents and/or guardians immediately in the event of an emergency. In case of emergency, it would be helpful to have the following information:

Name of Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Other friend or relative that could be contacted: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies (medical, food, etc.), medications, special diet, medical needs, etc. \_\_\_\_\_

Please submit this application with a non-refundable deposit of \$15.00. The balance of \$50.00 can be submitted now or upon arrival for the weekend. Make checks payable to "Chrysalis". Your parent or guardian must sign the permission portion of this form. **NO** cell phones, pagers, watches, radios, TV's, CD players, or PC's are allowed on the weekend.

**Note:** Some "Scholarships" are available. Check here if needed.

Return this application to your sponsor or mail it along with your deposit or weekend fee to:

**Chrysalis Outreach**  
c/o Pam Hoogerwerf  
230 North College Avenue  
Geneseo, IL 61254

Phone inquiries to: Pam Hoogerwerf at 309-944-6346

For more information about Chrysalis, visit [www.upperroom.org/Chrysalis/](http://www.upperroom.org/Chrysalis/)

**Chrysalis is a drug free, smoke free, and alcohol free environment for both youth and adults!**

Office use only:

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check No. \_\_\_\_\_