



Brazos Valley Chrysalis Community

Candidate Application

High School Chrysalis Flight – for youth who have just completed grades 9-12

I wish to attend a ___ Boy's ___ Girl's High School Chrysalis Flight on the following date: _____

To be completed by candidate – please type or print clearly:

Full Name:		Name preferred on nametag:	
Home address:		City, State, Zip:	
Home phone:		E-mail address:	
Date of birth (mm/dd/yyyy):		Age:	Grade completed by July:
Name of school:			
Name of employer (if applicable):			
List school and community organizations in which you are active:			
Name of church:		Pastor's name:	
Church address:		City, State, Zip:	
List church and religious organizations in which you are active:			
Has Chrysalis been explained to you? Yes ___ No ___	Has the follow-up program, which includes Reunion Groups, Gatherings and Hoots, been explained to you? Yes ___ No ___	Do you feel you need more information about Chrysalis before attending? Yes ___ No ___	
State briefly why you wish to participate in Chrysalis and what you expect from it:			
Do you have any health conditions, physical handicaps, medical allergies, medication requirements or dietary restrictions that might affect your attendance at a Chrysalis weekend? Yes ___ No ___ If so, please specify:			
Sponsor's name:		Sponsor's home phone:	
Sponsor's home address:		City, State, Zip:	
Signatures (all three are required):			
Candidate's signature:	Pastor or Youth Director's signature:	Sponsor's signature:	

Important! Please read! The medical release on the reverse side of application is required. Applications for candidates under the age of 18 require parent or guardian signature and the medical release must be notarized. **Sponsor forms must accompany all candidate applications. All candidate and sponsor forms with incomplete information will be returned to the sponsor. Cost of the weekend is \$50.00. Please remit \$50 with this application. Please make check payable to "Brazos Valley Chrysalis".**

SPONSOR: Mail completed candidate and sponsor forms at least one month prior to Flight/Journey to:

**Brazos Valley Chrysalis
P.O. Box 10491
College Station, TX 77842**



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Candidate Medical Authorization

TO BE COMPLETED BY PARENT OR GUARDIAN OF CANDIDATE UNDER 18 YEARS OF AGE

I am the parent/guardian of _____, who has my permission to attend the Chrysalis weekend beginning _____ and ending _____.

During this time I can be reached at the following address and phone number:

Address: _____ Phone number: _____

Please list any allergies your child may have: _____

Other pertinent health information: _____

Is your child taking any special medication? Yes ___ No ___ Date of child's last Tetanus shot: _____

(if taking special medication, please send in original prescription container, labeled with instructions and contents.)

Child's doctor's name: _____ Doctor's phone number: _____

I understand that my child will be in the care of Chrysalis adult team members. In case of emergency, and I cannot be contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost of which I will be responsible for.

Signature of parent/guardian: _____ Date: _____

Please print your name: _____

Subscribed and sworn to before me, a Notary Public, in the state of _____, County of _____, this _____ day of _____, 20_____.

Signature of Notary Public: _____ Date: _____

My commission expires: _____ (Seal)

TO BE COMPLETED BY CANDIDATE 18 YEARS OF AGE OR OLDER

In case of emergency, please contact: _____ Relation to candidate: _____

Address: _____ Phone number: _____

Medical insurance information:

Insurance company name: _____ Phone number: _____

Policy number: _____

I hereby authorize any medical treatment that may be necessary to be administered, the cost of which I will be responsible for.

Signature of candidate: _____ Date: _____

Please print your name: _____