



Heart of SunCoast Chrysalis

2016-2017 Application Form (to be completed by the candidate)

Candidates must be at least 15 years old & in the 10th grade. Please submit applications as soon as possible; payment is due at flight registration. Email completed applications to hosc.registrar@yahoo.com or mail to Doug Fogh, 1433 Highfield Dr, Clearwater, FL 33764.

Student's Name:					
Name for Name Tag:		Social websites (FB, Twitter, etc):		Student's Cell Phone #:	
Student's Street Address:					
City:		State:		Zip:	
Home Phone:	Student's Email:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Birthday:
High School/College you are attending:			Grade/Class:	Expected Graduation Year:	
Do we have permission to give aspirin, Tylenol or allergy medicine to your child? If yes, please specify. No <input type="checkbox"/> Yes <input type="checkbox"/>					
Are you on a special diet? (If yes, please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you on special medications? (If yes, please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>		Do you have a health or physical handicap that may affect your attendance at a Chrysalis weekend? (If yes, please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>		
In what religious and/or community organizations are you active:			List any allergies you have with medications:		
Has Chrysalis been explained to you? No <input type="checkbox"/> Yes <input type="checkbox"/>			T-Shirt Size (circle one): S M L XL 2X 3X		
Why do you wish to participate in Chrysalis and what do you expect from it?					
Name of church now attending:			Denomination:		
Sponsor's Name:			Sponsor's Phone:		
Candidate's signature:			Date:		
Pastor or Youth Director's Name & Signature:					

BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED AND SUBMITTED

Emergency Medical Release

Required for all candidates to participate in a Chrysalis weekend event

To be signed by parent/guardian if candidate is under 18 years old. If 18 or older, may be signed by the candidate. In the event of an emergency, illness or accident, the parent/guardian will be contacted at the earliest possible moment. However, as contact cannot always be reached immediately, we need permission for emergency medical care signed and notarized for all candidates under the age of 18.

Parent/Guardian Name:		Relationship:	
Home Phone:	Cell Phone:	Work Phone:	
Street Address:			
City:		State:	Zip:

Medical Insurance Information

Medical Insurance Company:	Primary Group/Policy #:
Family Physician Name:	Family Physician Phone:

Parental/Guardian Release (if under 18 years old)

_____ has my permission to participate in the Heart of SunCoast Chrysalis weekend activities and events. I approve of the volunteer leaders who will be in charge of this program. I recognize that the volunteer leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____

If, during the course of my child's activities on this weekend, he/she should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Parent/Guardian Signature: _____

I **do not authorize** emergency medical/dental care for my child.

Parent/Guardian Signature: _____

Medical Release (if 18 years or older)

I agree to participate in the Heart of SunCoast Chrysalis weekend activities and events. I approve of the volunteer leaders who will be in charge of this program. I recognize that the volunteer leaders are serving to the best of their ability. I certify that I have full medical insurance with the company listed above. I also certify to the best of my knowledge that I am physically fit to engage in the activities described above. Should I become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Participant's Signature: _____

To be completed by Notary Public (if candidate is under 18 years old):

State of:	County of:
Sworn to before me, a Notary Public, by said _____, personally known to me this _____ day of _____, 20____.	
Notary Public My Commission Expires:	

To attend a Chrysalis weekend, you must be sponsored by someone who has been to a Chrysalis, Emmaus, Via de Christo or other approved Fourth Day community. **The cost of the entire weekend is \$130; please make your check payable to Heart of SunCoast Chrysalis.** You will be notified of your acceptance, as well as the dates and location of your weekend, once application and sponsor forms have been received. Please notify us as soon as possible if you are unable to keep your commitment to attend the weekend! Please return this completed application to your sponsor (or the person who gave you this form to fill out!) **BOTH PAGES OF THIS APPLICATION MUST BE COMPLETED.** Questions? Email us at hosc.registrar@yahoo.com.