



Heart of SunCoast Chrysalis 2015 Team Application

The Team Application consists of two pages: Team Application and the Emergency Medical Release forms.
 Please give complete applications to the Team Selection Chair, Weekend Lay Director or any Board Member.

Team Member Name:		Are you an adult (18 or older)?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Team Member Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:	Email Address:	
Current School/College:	Grade/Class:	Date of Birth:	
Do you need a new Chrysalis cross (cost is \$5.00)? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you need a new Chrysalis Worship Book (cost is \$5.00)? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you need a new Chrysalis name tag (cost is \$5.00)? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you need a new Chrysalis T-Shirt (cost is \$12.00/\$15 for 2x/3x)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, size? S M L XL 2X 3X			
Social Networks (FB, Twitter, etc.):			
Name of church now attending:	Denomination:	Do you attend regularly?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what community did you make your Via de Christo, Emmaus, Cursillo, Chrysalis or Kairos weekend?	When?	Flight / Walk #:	Table Name:
List any team service that you have performed, including other communities:			
Community: _____	Position: _____	Flight/Walk: _____	
Community: _____	Position: _____	Flight/Walk: _____	
Community: _____	Position: _____	Flight/Walk: _____	
Community: _____	Position: _____	Flight/Walk: _____	
Community: _____	Position: _____	Flight/Walk: _____	
Why do you want to serve on this weekend?			
What is your definition of Anonymous Servanthood ?			
Are you in a Reunion Group at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the group: _____ When and where do they meet?			
If I am called to serve on a Chrysalis weekend, I will pray before making any decision. I understand that there is a cost to serve on the weekend (\$130 inside/outside team; \$90 Big House on campus, \$30 Big House off campus) that must be paid as soon as possible, but no later than Preview Weekend. As a part of the team, I will participate fully in Team Training, Preview Weekend, Team Dinner and the entire Chrysalis weekend. My signature on this form indicates my agreement to these statements.			
Will you need a scholarship in order to participate in the weekend? <input type="checkbox"/> Yes <input type="checkbox"/> No (Maximum is \$50.00)			
Team Member's Signature			

Emergency Medical Release

Required for all team members to participate in a Chrysalis weekend event

To be signed by parent/guardian if team member is under 18 years old. If 18 or older, may be signed by the team member.

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 team members under the age of 18. **All information on this form must be complete!**

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:	

Please make checks payable to Heart of SunCoast Chrysalis; return all completed forms to the Weekend Assistant Lay Director. If you are unable to keep your commitment to serve on team, please notify the Weekend Lay Director as soon as possible.

BOTH PAGES OF THIS APPLICATION MUST BE COMPLETED AND SUBMITTED WITH YOUR PAYMENT.