



# North Georgia Chrysalis Sponsor Information

**NOTE: An Adult Co-Sponsor is required if the sponsor is less than 18 years old.  
Please attach an additional form if a Co-Sponsor is required.**

Sponsor Name \_\_\_\_\_ Sponsor Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ 3-Day Weekend Attended \_\_\_\_\_

Church \_\_\_\_\_

Co-sponsor Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ 3-Day Weekend Attended \_\_\_\_\_

Church Presently Attending: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Will you bring your candidate to the Chrysalis sendoff?  YES  NO

Will you attend sponsor's hour following sendoff for your candidate?  YES  NO

Will you attend Candlelight?  YES  NO

Will you attend Closing?  YES  NO

Are you willing to assist your candidate in finding a Reunion/Next Steps group?  YES  NO

If you answered NO to any of these questions, please be prepared to arrange for someone to fulfill these responsibilities.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-sponsor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# North Georgia Chrysalis 2017-2018 Application

PLEASE TYPE OR PRINT LEGIBLY IN INK

- ALL SIGNATURES ARE REQUIRED BEFORE FORM CAN BE PROCESSED
- Questions? Please call the registrar, Loretta Yike at (h)770-591-0002 or text (404-735-8745) Or via email: lkyike@hotmail.com.
- Weekend Fee \$100- if using a voucher, please submit ORIGINAL voucher along with application
- Please make checks payable to: NGWTE
- Applications/deposits should be mailed to:

North GA Chrysalis Registration  
 Loretta Yike  
 295 West Junction Court  
 Kennesaw, GA 30144

Email applications are acceptable when time is short, however, a hard copy **MUST** be presented either by mail in advance of the weekend, or at check-in.

**Chrysalis weekend requested:**

- Chrysalis #92/YAC#69: July 20-23, 2017 (Guys weekend – Thursday – Sunday)
- Chrysalis #93/YAC#70: December 28-31, 2017 (Girls weekend – Wednesday – Saturday)
- Chrysalis #94/YAC#71: January 12-15, 2018 (Guys weekend – **MLK Weekend** – Friday – Monday)
- Chrysalis#95/YAC#72: July 12-15, 2018 (Girls weekend (Thursday – Sunday)

**CANDIDATE INFORMATION**

Preferred First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female  DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size S M L XL XXL XXXL

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # for Candidate (\_\_\_\_\_) \_\_\_\_\_ (please indicate if the number is home or cell)

Candidate Email address: \_\_\_\_\_

Church Name Presently Attending: \_\_\_\_\_

School/College: \_\_\_\_\_ For High School - Grade Level: \_\_\_\_\_

**Applicant Must Have Completed 9<sup>th</sup> Grade**

Graduate  Married  Engaged  Headed to Mission Field  Working

Has Chrysalis been fully explained to you? Yes No Has Post Flight follow up been explained? Yes No



**MEDICAL/ALLERGY/SPECIAL DIET INFORMATION**

List any drugs, foods, etc. to which you are allergic as well as type of reaction:

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List any medications that you will be taking during the weekend: \_\_\_\_\_

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List any special diet needs that you have: \_\_\_\_\_

List any physical needs of which weekend leaders need to be aware (i.e. requires bottom bunk, on crutches, needs chair available to elevate foot) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION :**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Church Presently Attending: \_\_\_\_\_

**COVENANT OF CONDUCT**

All participants are asked to comply with the following:

- Please leave all cell phones, watches, and electronic devices at home.
- No alcohol
- No illegal drugs
- No willful destruction or abuse of property
- No smoking/ tobacco

**Candidate's Pledge:**

I promise that I will come to the Chrysalis Flight with a spirit of cooperation and abide by the rules and policies stated above. I understand that violation of any rules can result in being sent home.

**Candidate's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Permission/Notifications**

North Georgia Chrysalis follows "Safe Sanctuaries" policies including the 2012 mandated reporter guidelines (GA Law (O.C.G.A § 19-7-5))

In consideration of participating in Chrysalis/ Walk to Emmaus, I release North Georgia Walk to Emmaus, Inc., the King's Retreat, its Co-Board members, officers, Trustees, members, legal representatives, successors and assigns from claims of any kind for any damages or injuries, including but not limited to attorney's fees and expenses, relating to my participation in a Walk to Emmaus. Any claim, controversy or dispute arising from or related to the Walk to Emmaus, or this agreement or breach thereof, shall be settled by mediation and, if mediation is unsuccessful, by arbitration which shall be the sole and exclusive remedy, except to enforce an arbitration decision. This paragraph is governed by the Federal Arbitration Act (9 USC §§ 1-16) and shall continue to govern any dispute that may arise during or relating to any term of service or participation with North Georgia Walk to Emmaus, Inc., even after such service or participation is terminated for any reason.

**Signature of Candidate 18 or over:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION/SIGNATURE**  
**(If the candidate is under 18 there MUST be a parent's/guardian's signature)**

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

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Church Presenting Attending: \_\_\_\_\_

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**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## North Georgia Chrysalis 2016-2017 Application

### Church Leader, Pastor, or Youth Director Section

I understand that \_\_\_\_\_ will be attending a Chrysalis weekend.  
Candidate Name

(PLEASE PRINT)

Pastor Name: \_\_\_\_\_ Church: \_\_\_\_\_

Pastor Phone Number: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Church Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Pastor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emmaus Contact for Church: \_\_\_\_\_

Phone number: \_\_\_\_\_

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**REGISTRAR USE ONLY**

Date Completed Application Received \_\_\_\_\_

Date Payment Received \_\_\_\_\_ Check No. \_\_\_\_\_ Check amount \_\_\_\_\_

Using Voucher: Yes or No                      Name on the Voucher: \_\_\_\_\_