



North Georgia Chrysalis 2022 Application

****ALL SIGNATURES ARE REQUIRED BEFORE APPLICATION CAN BE PROCESSED****

Questions? Please contact the Registrar:
Stephanie Malhotra: 770-235-9246; stephmalhotra@gmail.com

Applications should be scanned & emailed to: stephmalhotra@gmail.com

Please indicate your preferred form of payment:

<input type="checkbox"/> Mail \$100 check (payable to NGWTE) to: North GA Chrysalis Registration Stephanie Malhotra 1508 Justine Way Mableton, GA 30126	<input type="checkbox"/> Pay \$105 (\$100 fee + \$5 surcharge) via PayPal: http://northgachrysalis.com/donate-pay **PayPal: You MUST list sponsor & candidate names in the message section**	<input type="checkbox"/> Voucher (See note under Sponsor section)
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CHRYsalis WEEKEND REQUESTED:

- Chrysalis #103/YAC#80 (**GIRLS**) July 14-17, 2022 (Thursday - Sunday)
- Chrysalis #104/YAC#81 (**BOYS**) July 21-24, 2022 (Thursday - Sunday)

CANDIDATE INFORMATION

Name _____ Name you want on your name tag _____

DOB ____/____/____ Age _____ T-Shirt Size S M L XL XXL XXXL

Street Address _____ City, ST Zip _____

Phone _____ Home Cell

Email _____ Church _____

High School/College Name _____

Current or most recently completed grade level/year _____ (if recently graduated college, please note)

Applicant Must Have Completed 9th Grade

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

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, smoking/tobacco or illegal drugs
- No willful destruction or abuse of property

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** _____



North Georgia Chrysalis Application cont.

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship _____

MEDICAL/ALLERGY/SPECIAL DIET INFORMATION

List any food/drug allergies as well as type of reaction _____

List any special dietary needs _____

List any medications that you will be taking during the weekend _____

List any physical limitations or restrictions (i.e. requires bottom bunk, on crutches) _____

PERMISSION/NOTIFICATIONS

North Georgia Chrysalis follows "Safe Sanctuary" 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 _____

If the candidate is under 18 there MUST be a PARENT/GUARDIAN PERMISSION/SIGNATURE

Candidate Full Name _____

Parent/Guardian Full Name _____

Street Address _____ City, ST Zip _____

Phone _____ Email _____

Signature of Parent/Guardian _____ Date _____



North Georgia Chrysalis Application cont. Sponsor/Pastor Information

CANDIDATE NAME _____

Sponsor Name _____ Sponsor Age (if under 18) _____

Sponsor Address _____ City, ST Zip _____

Sponsor Home Phone _____ Sponsor Cell Phone _____

Sponsor E-mail _____ 3-Day Weekend Attended _____

Sponsor Church _____ Relationship to Applicant _____

Co-sponsor information (if applicable)

An Adult Co-Sponsor is required if the sponsor is less than 18 years old.

Co-sponsor Name _____

Street Address _____ City, ST Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ 3-Day Weekend Attended _____

Church _____ 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 the above questions, be prepared to arrange for someone to fulfill these responsibilities. **

Using a Voucher for payment? YES NO If yes, list name on Voucher _____

Sponsor's Signature _____ Date _____

Co-sponsor's Signature _____ Date _____

****The below section is to be completed by: Church Leader, Pastor, or Youth Director****

I understand that _____ (candidate name) will be attending a Chrysalis weekend.

Pastor Name _____ Pastor Title _____

Pastor Phone Number _____ Pastor Email _____

Church Name _____ Church Phone _____

Church Street Address _____ City, ST Zip _____

Pastor Signature _____ Date _____