



# North Georgia Chrysalis 2022-23 Application

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

Questions? Please contact the Registrar:  
Stephanie Malhotra: 770-235-9246; [stephmalhotra@gmail.com](mailto:stephmalhotra@gmail.com)

**Applications should be scanned & emailed to:** [stephmalhotra@gmail.com](mailto:stephmalhotra@gmail.com)

**Please indicate your preferred form of payment:**

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

- Chrysalis #105/YAC#82 (GIRLS)      December 28-31, 2022 (Wednesday - Saturday)
- Chrysalis #106/YAC#83 (BOYS)      January 13-16, 2023 (MLK weekend: Friday - Monday)

### 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** \_\_\_\_\_