CROSS WINDS CHRYSALIS FLIGHT No. 36 APPLICATION
West Heights United Methodist Church
July 14, 2010—July 17, 2010

TO BE COMPLETED BY THE CANDIDATE
Chrysalis is open to youth who have finished their Freshman year of High School through college Freshmen.

Personal Information (please print clearly)

Name: ____

Preferred First Name (if different): ____________________

Address: ____

City: ____

State ______________ Zip: _______________________

Phone (_______) ________________________________

Gender: _____ M ____F Age____Grade in Fall_________

Do you require special meals? (If yes, please explain:)

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____

Do you have any health problems or disabilities that may effect your participation on the Chrysalis weekend? (explain)

____

____

Special Medications taken: Please attach a list of medications, dosages, and times taken.)

____

Getting to Know You (please print)

Church Attending:________________________________

Youth Leader: ____________________________________

Church Phone:____________________________________

In what religious/youth activities and/or community organizations are you currently active?: ______________

____

____

Do you see yourself as: (check one)

_______Shy/Quiet _____ Moderately Talkative

_______Always have something to say

Briefly state why you wish to be involved in a Chrysalis weekend. _______________________________________

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We request a deposit of $20 in advance with the balance of $55 to be paid the day of registration. This deposit is not refundable unless the flight is full. Scholarships are available. Check box if needed. ☐ Make checks payable to Cross Winds Chrysalis.

You will receive a notification of receipt of your application as soon as it is received. Additional information about what to bring and a map showing the location will be sent as the weekend approaches.

Return the completed application form to your sponsor. Include the deposit of $20.
******REGISTRATIONS MUST BE RETURNED TO THE REGISTRAR NO LATER THAN JULY 7TH******

Emergency Medical Treatment authorization

I, ______________________________________ , parent or legal guardian of ________________ do hereby give my consent to the leadership of Cross Winds Chrysalis to act on my behalf for said minor in granting permission for evaluation or treatment of minor medical problems. I understand that, should a major medical problem arise, I will be notified by phone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, (including x-ray examinations and anesthesia) to said minor by a licensed physician or physicians. I certify that I have read and fully understand this authorization..

Signature of Parent or Guardian: ____ Date:____________

To be completed by the Sponsor

Sponsor Name: _______________________________________ Phone: ___________________________________

Address: __________________________________ City: _____________________ State: _____Zip: ________

Email: ____

Sponsors return this form to: Curtis Current, Registrar, 7045 SW Indian Hills Rd., Auburn, KS 66402

www.crosswindschrysalis.org