



**BLUE LAKE CHRYSALIS CANDIDATE SHEET**

For high school candidates, pages 1 - 4 must be completed. College candidates fill out pages 1 -2, only ( If candidate is not 19 years old or older, pages 3-4 must be filled out ). Return to the Registrar at:

**LEE AMES -- Chrysalis Registrar  
Gulf Breeze United Methodist Church  
75 Fairpoint Dr  
Gulf Breeze, FL 32561-4303**

Indicate choice of Weekends and dates (if known):

Boy's \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

Girl's \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

Name \_\_\_\_\_ Name Tag Name \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_ @ \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School You Attend \_\_\_\_\_ Major \_\_\_\_\_

Activities or Hobbies \_\_\_\_\_

Name and Denomination of home church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Address \_\_\_\_\_

Have you been Baptized (Y/N)? \_\_\_\_\_ Has Chrysalis been explained to you (Y/N) \_\_\_\_\_

Has the follow-up program of reunions and gatherings been explained? (Y/N)? \_\_\_\_\_

State briefly why you wish to participate in a Chrysalis Weekend and what you expect from it. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You must be sponsored by someone who has attended a Chrysalis, Emmaus, Cursillo, or other similar weekend.

Sponsor's Name: \_\_\_\_\_ Email address: \_\_\_\_\_ @ \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Weekend Attended: \_\_\_\_\_

Please enclose a pre-registration deposit of \$55. This will be applied to your contribution of \$110.00 for the weekend. This partially offsets the expenses of your weekend. Partial scholarships are available on a limited basis for cases of need. Your deposit is not refundable unless we have no openings. Make check payable to "Blue Lake Chrysalis." You will be notified of your acceptance and the dates and location of your weekend. Please notify us if you cannot come as soon as possible. This may enable some on the waiting list to attend that would not be able to do so otherwise. \_\_\_\_\_

(Please continue on next page.)

## SPONSOR'S SHEET

Sponsors are asked to read the following statement carefully and to give it their prayerful consideration:

"Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily live and their discipleship."

Sponsor of: \_\_\_\_\_  
(Candidate's Name)

Sponsor's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_@\_\_\_\_\_

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

Name of church you attend: \_\_\_\_\_

Where did you make your Walk?: \_\_\_\_\_ No.?: \_\_\_\_\_ When?: \_\_\_\_\_

Are you now in a Reunion Group (Y/N)? \_\_\_\_\_

Why do you feel your Candidate would benefit from Chrysalis?: \_\_\_\_\_

Will you bring your Candidate to his/her weekend (Y/N)?: \_\_\_\_\_

Will you attend Sponsor's Hour at Send Off (Y/N)?: \_\_\_\_\_

Will you attend Candlelight? (Y/N)?: \_\_\_\_\_

Will you attend Closing (Y/N)?: \_\_\_\_\_

Will you obtain the necessary Agape correspondence for your Candidate (Y/N)?: \_\_\_\_\_

Will you assist the Candidate in getting into a Reunion Group (Y/N)?: \_\_\_\_\_

Please include any pertinent information about the candidate that may help the team to meet your Candidates' needs. Comments about the candidate's home situation, personality, leadership ability, and especially any problem areas would be of great assistance. Thank you!

MAIL TO:

**LEE AMES -- Chrysalis Registrar  
Gulf Breeze United Methodist Church  
75 Fairpoint Dr  
Gulf Breeze, FL 32561-4303**

**Applications must be received by the registrar no later than three weeks before the Chrysalis weekend to be guaranteed a place in the Flight or Journey.**

**Pages 3 - 4 must be completed for all Candidates under age 19.**

**PARENTAL/LEGAL GUARDIAN CONSENT FORM**

(required for all Candidates under age 19)

Candidate's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Business Phones: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Reactions to Drugs \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

Blood type: \_\_\_\_\_

Other medical information, which might be necessary for the proper care of this young person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any medication, which the youth is presently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents Name(s): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of person who could be notified in case of emergency, in case you cannot be contacted:

\_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(continued on next page)

**To Whom it May Concern:**

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in the Blue Lake Chrysalis.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should I be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Blue Lake Chrysalis.

Hospital Insurance (check one)       Yes       No

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency phone nos. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Signed by:     Father     Mother     Legal Guardian

Signed: \_\_\_\_\_ Date (D/M/Y): \_\_\_\_\_

On the reverse side of this page, list any allergies or special medical problems your child may have. Thank you.

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ who is personally known to me and/or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature

Notary Stamp

\_\_\_\_\_  
Date license expires

**MUST BE NOTARIZED**