



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:

**Delores Wernet, Registrar
Blue Lake Chrysalis
10 Country Club Dr E
Destin, FL 32541**

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: **Delores Wernet, Registrar**
Blue Lake Chrysalis
10 Country Club Dr E
Destin, FL 32541

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