

2009 Ohio Valley Chrysalis Participant Registration

Girl's Flight – President's Day Weekend (Tentatively)

Boy's Flight – Martin Luther King Weekend (Tentatively)

PART A. TO BE FILLED OUT BY PARTICIPANT & PARENT OR GUARDIAN

Name of Applicant: _____ Male ___ Female ___ Birthdate: _____

Address: _____ City, State, Zip: _____

Phone: _____ Name for Name Tag: _____ Graduation Year: _____ T-Shirt size: _____

E-mail Address: _____ School: _____

School Activities: _____

Church or Youth Group You Attend Regularly: _____

Church Address: _____ Church Phone: _____

Church Activities: _____

Friend you'd like to room with (if any): _____

Please List Medications: _____

Please List Allergies: _____

Please List Medical Problems: _____

Special Diet: _____

Why do you want to participate in Chrysalis and what do you expect from it? _____

Participant's Signature _____ **Date:** _____

The above young person has my permission to participate in a Chrysalis Weekend.

Signature of Parent or Guardian _____ **Date:** _____

PART B. TO BE FILLED OUT BY SPONSOR

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Church _____

Walk /Flight you attended: _____ Relationship to caterpillar: _____

Question for Sponsor: As a sponsor, are you willing to say "yes" to Christ to fulfill your responsibilities so that His grace and love are revealed through your actions? _____

Your signature below indicates your commitment to the high calling of servant hood.

Sponsor Signature: _____ **Date:** _____

PART C: TO BE FILLED OUT BY PARTICIPANT'S PASTOR OR YOUTH GROUP LEADER

By signing, you indicate that the above young person is active in your church or youth group and that you support their participation in a Chrysalis Weekend. There are two expectations of a person following participation in a Chrysalis weekend: 1) An expanded inner spiritual life and 2) To become a more active disciple of Jesus Christ in the world through their Church/Youth Group.

Pastor or Youth Leader's Signature: _____

Printed Name: _____ Church: _____

How long have you known this person? _____

If you have any questions regarding Chrysalis, please ask the sponsor listed above or the registrar listed below.

ADDITIONAL INFO: The fee for the Chrysalis Weekend is \$65. This includes lodging, meals and all materials for the Chrysalis Weekend. Applications must be received 2 weeks prior to the flight date to assure availability. Please contact your sponsor regarding late applications. Please send a fully refundable deposit of \$30 along with this completed application to:

Ohio Valley Chrysalis ~ c/o Patty Fox, Registrar ~ 52496 Sunshine Avenue ~ Beallsville OH 43716

EMERGENCY MEDICAL AUTHORIZATION

STUDENT'S NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TELEPHONE: _____ GRADE: _____ SOCIAL SECURITY #: _____ BIRTHDATE: _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the church's authority when parents or guardians cannot be reached.

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

OTHER'S NAME: _____ PHONE: _____

PART 1: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

HOSPITAL: _____ PHONE: _____

Hospitalization/Insurance Name: _____ Policy Number: _____

Chronic Illnesses: _____

Drugs currently being taken: _____ Time: _____

_____ Time: _____

_____ Time: _____

Student is permitted to Tylenol or Ibuprofen for headaches? Yes _____ No _____

Student is permitted to take _____ for fever

Student is permitted to take _____ for cold or flu symptoms.

Is student subject to motion sickness? _____ If yes, what medicine may child take? _____

Student's Allergies: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available,
- 2) by another licensed physician and
- 3) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history and any physical impairments to which a physician should be alerted:

Date _____

Signature of Parent/Guardian
Address: _____

Part 2 – Refusal of consent

I do not give my consent for emergency medical treatment of my child. Parent/Guardian wishes the church authorities to take the following action:

Date _____

Signature of Parent/Guardian
Address: _____