



# SOUTHERN CALIFORNIA CHRYSALIS COMMUNITY REQUEST FOR CANDIDATE RESERVATION

Chrysalis, c/o SDUM Church - 114 W 2nd Street, San Dimas, CA 91773  
www.socalchrysalis.org

## 1. To be completed by candidate (Please type or print legibly):

Name \_\_\_\_\_ Name desired for nametag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

School you attend \_\_\_\_\_ Grade\* \_\_\_\_\_

\*Applicants must be 15 years old and in high school. Applicant can attend the Spring flight if they are 14 and have been in high school for a semester. Applicants 18 - 22 years old will be considered, but may be encouraged to attend Walk to Emmaus, or other walks.

Name of church you are now attending \_\_\_\_\_

Religious/Community organizations \_\_\_\_\_

Has Chrysalis been explained to you? \_\_\_\_\_ Has the follow-up program? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis:

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

## 2. Required signatures: (required)

Candidate signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) signature (1) \_\_\_\_\_ Date \_\_\_\_\_

or Guardian(s): (2) \_\_\_\_\_ Date \_\_\_\_\_

required if candidate is less than 18 years old. \*1 signature required

Parent(s) name (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent(s) email (1) \_\_\_\_\_

(2) \_\_\_\_\_

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Sponsor email \_\_\_\_\_

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's name (Please print) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please enclose a pre-registration deposit of \$15.00. This will be applied toward your contribution of \$50.00 which offsets the expense of your weekend. Applications will not be processed until the deposit is received. Make check payable to SOUTHERN CALIFORNIA CHRYSALIS COMMUNITY. You will be notified of your acceptance and the dates of your weekend. Please notify us IMMEDIATELY if you cannot attend, since there may be a waiting list.

### 3. Zero Tolerance: (required)

Southern California Chrysalis has a zero tolerance policy concerning drugs and alcohol. Anyone on the weekend or at any Chrysalis event who is caught possessing and/or using either alcohol or illegal drugs will be disciplined immediately. Minors, whether a team member or a candidate on the weekend or any Chrysalis event will be isolated from the rest of the team and candidates, and their parent(s) will be called to notify them of the offense and to have them picked up immediately.

Anyone over 18 years old caught possessing or using illegal drugs during the weekend or at any Chrysalis event will be isolated from the rest of the team and candidates immediately and will be reported to the police. Anyone over 18 years old caught possessing or using alcohol during the weekend or at any Chrysalis event will be asked to leave the event immediately.

Again, this is a zero tolerance policy. No warning will be given, no excuses taken. This policy has been adopted for the betterment of the community as a whole.

I, the undersigned, have read the policy on illegal drugs and alcohol and agree to abide by this policy.

\_\_\_\_\_  
Candidate Signature (required)

\_\_\_\_\_  
Parent Signature (if Candidate is under the age of 18)

### 4. Medical Release: (required)

**(To be completed by Parent or Guardian if candidate is less than 18 years old):**

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend, the follow-up reunion, and other Chrysalis activities. In the event of an emergency my authorization for emergency treatment is provided here:

I (we) the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

**(To be completed by candidate if over 18 years old):**

In the event of an emergency my authorization for emergency treatment is provided here:

I \_\_\_\_\_, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

*Note: Chrysalis does not have trained medical personnel on the weekends.*

List any restrictions: \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

In the event that your child must return home before the weekend is over, or in the case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone ( \_\_\_\_ ) \_\_\_\_\_ Alternate Emergency Phone ( \_\_\_\_ ) \_\_\_\_\_

Please list any allergies, medications taken, medical problems, special diet, or other pertinent information:

### 5. Please scan\* and email to [chrysalissocal@gmail.com](mailto:chrysalissocal@gmail.com)

Please make sure application has all signatures, including medical release.

Please bring physical copy with you to the weekend.

\*if unable to scan please contact [chrysalissocal@gmail.com](mailto:chrysalissocal@gmail.com) for further instructions.