

CHRYSALIS OF SOUTHEAST MICHIGAN REGISTRATION INSTRUCTIONS

SPONSOR

IF YOU HAVE NOT ATTENDED AN EMMAUS/CHRYSALIS WEEKEND, CONTACT THE REGISTRAR BEFORE COMPLETING THESE FORMS.

Prayerfully select each candidate keeping in mind that Chrysalis is not designed to correct or counsel problem youth, but rather to encourage the spiritual growth and leadership of Christian youth with willing hearts.

Explain the Chrysalis (weekend, gathering, post-Chrysalis meeting and reunion group) to the candidate and his/her parents.

Only consider youth who are sophomores, juniors or seniors in high school.

Make certain that **pages 3 and 4** of this form are completed by the candidate and his/her parents and sent to registrar together. **Page 2** may be sent separately.

Help the candidate select an appropriate reference person (an adult) for completing **page 2** and explain Chrysalis to him/her if necessary. (Pastor, Sunday School teacher, Christian Education Director, youth worker, club leader, school teacher, etc.)

Make certain that all forms are forwarded **immediately** to the Registrar. **For effective sponsoring and preparation, pages 3 and 4 should reach the Registrar at least 10 days prior to the weekend.**

CANDIDATE

Complete the Request for Registration (**page 3**).

Prayerfully read the Pledge before signing the form (page 3).

Give forms to your parents to complete (**page 4**).

PARENT/GUARDIAN

Complete Parental/Guardian Consent form (**page 4**).

Parent/Guardian signature **must be notarized** (stamp/seal) to authorize emergency medical treatment. If **not notarized**, your child's request will be returned, delaying and possibly resulting in closure of registration before your child's registration is completed.

IF YOUR CHILD HAS NO SPONSOR, CONTACT THE REGISTRAR.

REFERENCE PERSON

Complete Reference form immediately.

Forward the completed form to the Registrar (forms should reach the Registrar at least 10 days prior to the weekend.)

FORWARD ALL FORMS TO THE REGISTRAR

Registrar: Debbie Hardoin
46479 Arapahoe
Macomb, MI 48044
586-247-6511

Girls: Feb. 22-24
Boys: Mar. 7-9

Site: Bethany United Meth. Church
353 E. Vienna St
Clio, MI 48420
810-686-5151

CHRYSALIS OF SOUTHEAST MICHIGAN REFERENCE FORM

The candidate should give this form to a pastor, youth counselor, Sunday school teacher, Christian Education Director, teacher, club leader, etc. who knows him/her. This information will help the Chrysalis leaders to place the candidate in a group where he/she will benefit the most. This information will only be seen by the Chrysalis leadership. It will be kept in **STRICT CONFIDENCE**.

NOTE: THE CHRYSALIS IS A RELIGIOUS EXPERIENCE FOR SOPHOMORES, JUNIORS AND SENIORS IN HIGH SCHOOL. IT IS NOT DESIGNED TO CORRECT OR COUNSEL PROBLEM YOUTH, BUT TO ENCOURAGE THE SPIRITUAL GROWTH AND LEADERSHIP OF CHRISTIAN YOUTH WITH WILLING HEARTS.

Candidate's Name _____ Grade _____

PLEASE COMMENT:

How long have you known the candidate? _____ In what capacity have you known the candidate? _____

Do you feel this youth exercises leadership? _____ In what areas? (church, school, athletics, government, dramatics, music, clubs, etc.) _____

How does this youth relate to others the same age? (talkative, domineering, quiet, reticent, etc.) _____

Do you feel this youth is emotionally and spiritually ready to understand this experience? _____

How does this youth respond to new environment? _____

On a separate page, please furnish any additional comments that you feel might help the team to understand and deal sympathetically with the candidate. (Comments about the candidate's home life, personality, attitudes, difficulties, hopes, etc.)

Are you member of Chrysalis? _____ Emmaus? _____ Other 3-day experiences _____
Where and when did you take your walk? _____

Name _____ Address _____
City _____ State _____ Zip _____
Phone (____) _____ Signature _____

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CHRYSLIS OF SOUTHEAST MICHGAN REQUEST FOR RESERVATION

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE (____) _____
Name requested on name tag _____ AGE _____ BIRTHDATE _____
E-Mail address _____ Male _____ /Female _____

CHURCH INFORMATION:

Are you currently attending a church? _____ Name _____
Denomination _____ Are you a member? _____ Are you baptized? _____
Pastor's name _____ In what religious or community organization are you
active? _____

SCHOOL/WORK INFORMATION:

What school do you attend? _____ Grade _____ If you work, what do
you do? _____ What company? _____

Has Chrysalis been explained to you? _____ Has follow-up program, gathering and the post-Chrysalis
meeting been explained to you? _____ State briefly why you wish to be involved in the Chrysalis weekend and
what you expect from it? _____

SPONSOR'S INFORMATION:

Has someone sponsored you for the Chrysalis? _____ If so, complete the following:
Sponsor's
Name _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____

PLEDGE:

**I pledge that I will come to the Chrysalis Flight with a spirit of cooperation and that, at no time during
the weekend, will I smoke, drink alcoholic beverages or take any drugs other than those approved by my
Parent/Guardian for medical purposes. I will leave my watch, cell phone and
electronic devices home.**

Youth Signature _____ Date _____

All the information is necessary for your proper placement in a Chrysalis weekend. PLEASE MAKE SURE
ALL BLANKS ARE FILLED IN ACCURATELY.

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$15.00. This will be applied toward your
contribution of \$50.00, which partially offsets the expenses of your weekend. This deposit is not refundable
unless we have no openings for you. Make check payable to the **CHRYSLIS OF SOUTHEAST
MICHIGAN**. You will be notified of your acceptance to the Chrysalis Flight. Please notify us **immediately**
if you cannot come, as there is a waiting list.

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CHRYSALIS OF SOUTHEAST MICHIGAN PARENT/GUARDIAN CONSENT FORM

I/We, _____, as the parent(s)/guardian(s) of _____ give our permission for him/her to attend a Chrysalis weekend (dates) _____. We understand that:

This will be a weekend devoted to the teachings of Christianity and the development of young Christian leaders.

Chrysalis is an Ecumenical program written by the Upper Room, a division of the United Methodist Church.

If he/she does not behave in a manner suitable to a Christian youth, we will be responsible for picking him/her up at the event site.

He/she will remain at the church site, except to go to showers at a nearby location, if he/she desires.

SIGNATURE OF PARENT/GUARDIAN

DATE

OPT. Emmaus Walk #

PRAYER LIST: I/We give permission for our youth's name and church affiliation to appear on a list distributed by mail/email to individuals who have agreed to pray for the Chrysalis event before/during weekend. YES _____ NO _____

INSURANCE INFORMATION:

Name of policyholder of health insurance which covers youth _____

Name of insurance company _____

Policy Number _____ Contract Number _____ Eff. date _____

SPECIAL MEDICAL INFORMATION:

Please indicate any special medical information that the Chrysalis staff will need to be aware of (allergies, chronic conditions) _____

EMERGENCY INFORMATION:

Name of responsible person to contact if neither parent/guardian can be reached in an emergency:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

I/We give permission to the Chrysalis team to seek emergency care for our son/daughter _____ during the weekend of (dates) _____ in the event that emergency care is needed or in the event that neither we nor the above named person can be reached.

PARENT/GUARDIAN SIGNATURE MUST BE NOTARIZED.

Signature of parent/guardian

Subscribed and sworn before me this day _____

Signature of Notary Public

SEAL/STAMP

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