

## CHRYSLIS OF SOUTHEAST MICHIGAN REGISTRATION INSTRUCTIONS

### SPONSOR

IF YOU HAVE NOT ATTENDED AN EMMAUS/CHRYSLIS 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

Melissa Meyer  
106 N. North Shore Dr  
Lake Orion, MI 48362  
248-693-2576

Girls: Feb. 19-21  
Boys: Mar. 5-7

Weekend location:  
Fenton United Meth. Church  
119 South Leroy St  
Fenton MI 48430

CHRYSLIS 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 CHRYSLIS 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 \_\_\_\_\_

FORWARD ALL FORMS TO THE REGISTRAR:

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106 N. North Shore Dr Boys: Mar. 5-7  
Lake Orion, MI 48362  
248-693-2576 -2

CHRYSLIS OF SOUTHEAST MICHIGAN 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 and the leadership deems necessary we will be responsible for picking him/her up at the event site promptly.

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 Parent/Guardian to contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Address, if different from child \_\_\_\_\_

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

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 \_\_\_\_\_

STAMP/SEAL

\_\_\_\_\_  
Signature of Notary Public