

# Nebraska Chrysalis Application — 2025 Version

To Be Filled Out By The Candidate:

Chrysalis # \_\_\_\_\_ Date of event: \_\_\_\_\_ Location: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Do the phone numbers and email address listed belong to you or your parents? Mine  Parents

Your Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in or just completed: \_\_\_\_\_

Your School: \_\_\_\_\_

Are you on a special diet? Yes  No  Please explain: \_\_\_\_\_

Taking any medications? (List) \_\_\_\_\_

Do you have any health problems or handicaps that may affect your participation at Chrysalis?  
\_\_\_\_\_

Do you work? Yes  No  If, yes, what do you do? \_\_\_\_\_

Emergency Contact Persons Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Have the Chrysalis programs, meeting and gatherings been explained to you? Yes No

Do you see yourself as: Shy & Quiet  Moderately Talkative  Constantly Commenting

State briefly why you wish to be involved in a Chrysalis event: \_\_\_\_\_  
\_\_\_\_\_

Your Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ and/or Youth Leader: \_\_\_\_\_

Church Address: \_\_\_\_\_ Church Phone # \_\_\_\_\_

What religious community or organizations are you active in? \_\_\_\_\_  
\_\_\_\_\_

Please complete all of the information above for proper placement in the Chrysalis weekend. The total cost of the weekend is \$200.00. Please bring a check or cash with you to the Chrysalis Flight and make your payment then. You will receive notification of receipt of your application and additional information about what to bring to the weekend.

*The above information is to help us get to you know you better. Keep in mind the purpose of Chrysalis is to strengthen your faith and the local church.*

Please fill out and sign a health form/waiver to accompany this application. It is required before your attendance at the weekend. Your sponsor should provide this form to you.

*By signing this form, you agree not to hold the Nebraska Chrysalis/Emmaus Community liable for lost or stolen property during the entire Flight. You are responsible for your own property.*

**PUBLICATION RELEASE:** By submitting this application, I agree that Nebraska Chrysalis may publish my name and city of location in the Nebraska Chrysalis newsletter, the weekend brochure, and other Nebraska Emmaus publications. OR I prefer my information not be published \_\_\_\_\_ initial here. Ask your sponsor why we would like to publish.

Your Signature: \_\_\_\_\_

Guardian's Signature (if participant is under 19): \_\_\_\_\_

**Give this completed form to your sponsor. Your sponsor will mail it in.**

**Cost of the weekend is \$200.00. Registrations are due at least one week before the event.**

HEALTH FORM/WAIVER IN LIUE OF HEALTH EXAMINATION TO ATTEND CHRYSALIS OR EMMAUS:

DATES OF EVENT \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

To participate in the Chrysalis or Emmaus enterprise of which he/she is enrolled, and do not hold the enterprise or the Nebraska Chrysalis / Emmaus Community responsible for sickness, injury, or death resulting from and physical unfitness of the above named to attend and participate in the Nebraska Chrysalis / Emmaus activities. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director of the event, or Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

DATE \_\_\_\_\_ SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

PARENT / GUARDIAN ADDRESS AND PHONE IF DIFFERENT FROM ABOVE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PARTICIPANTS AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GENDER \_\_\_\_\_

[OPTIONAL] NATIONAL ORIGIN: (CHECK ONE) NATIVE AMERICAN / ALASKAN \_\_\_\_\_

BLACK \_\_\_\_\_ ASIAN PACIFIC ISLANDER \_\_\_\_\_ HISPANIC \_\_\_\_\_ WHITE \_\_\_\_\_

Each participant is covered by an excess medical coverage policy, which pays only after the claimant’s primary carrier pays. It will pay the deductible, the co-insurance and the first dollar, if the participant has no other health insurance up to \$5000 per accident or \$1500 per sickness.

Please provide the name of your medical insurance company

\_\_\_\_\_ number of policy \_\_\_\_\_

1. Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? Yes \_\_\_ No \_\_\_ If so, what?

2. Is there a history of heart pathology requiring restricted activity? Yes \_\_\_ No \_\_\_ If so, indicate the restriction.

3. Is this person subject to any skin disease? Yes \_\_\_ No \_\_\_ If so, what? \_\_\_\_\_

4. List allergies to drug, medications, or food \_\_\_\_\_

5. Has there been recent illness, or exposure to contagious disease? Yes \_\_\_ No \_\_\_ If so, what?

6. Is this person subject to fainting? Yes \_\_\_ No \_\_\_ Convulsive seizures? Yes \_\_\_ No \_\_\_ Nose bleeds? Yes \_\_\_ No \_\_\_

Cramps? Yes \_\_\_ No \_\_\_ Asthma? Yes \_\_\_ No \_\_\_ Is he/she diabetic? Yes \_\_\_ No \_\_\_ What medication is prescribed for the preceding conditions? \_\_\_\_\_

7. List any limitations of activity \_\_\_\_\_

8. Is there any drug or medication to be taken regularly? \_\_\_\_\_

9. Date of last tetanus shot? \_\_\_\_\_ 10. Any other information you wish to add?

VIDEO & PHOTOGRAPHS: I give permission for photographs and/or videos of \_\_\_\_\_ (participants name) to be used by Nebraska Chrysalis / Emmaus.

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_