BIG COUNTRY CHRYSALIS APPLICATION

Sponsors should have already been on a Walk to Emmaus, Chrysalis or Journey. FLIGHT participants MUST be between the ages of 14-17 as of July 20-23, 2017. A current shot record needs to accompany this application.

CANDIDATE APPLICATION

- Please print the answers to ALL questions. Incomplete applications will be returned for additional information.
- All signatures are required before application can be processed.
- · Return completed application to your sponsor. Your sponsor will submit the application to the Registrar.

Requested: □Girls' Flight #64 Boys' Flight #65						
Full Name:		Name for Name Tag:				
Street address:						
City:	State:		ZIP Code:			
Home/cell #:	Email:		Birthdate:			
Male or Female:	T-Shirt Size:		Age:			
If you are a student - School name:		Please indicate your grade level:				
Emergency Contact Name:		Phone No.:				
Name of Insurance Co. and Policy No.: Please list all allergies, medications taken, medical problems, special diets, physical handicaps, or other information that may affect your wellbeing at this event.						
	QUESTIONS FO	OR APPLICANT				
Has the event been explained to you?		Can you attend on 3-4 day notice?				
Date of event you prefer to attend:		Church you regularly attend:				
State briefly what you expect from the weekend:						
CHURCH A	AFFILIATION (TO E	BE COMPLETED BY PASTOR)			
Name of Church:						
Pastor's Printed Name:		Pastor's Signature:				
Pastor's Phone		Pastor's Email:				
RELEASE						
It is my desire to attend a three-day event sponsored by Big Country Emmaus Community (BCEC) and Big Country Baptist Assembly (BCBA) . I have been informed of the facilities where the event will be held, the possible delay in receiving emergency medical treatment due to the remoteness of the facility, and of the physical requirements of the <i>Chrysalis</i> and hereby certify that I am physically and mentally able to participate in such event. I hereby release, forever discharge, and agree to indemnify BCEC and BCBA, its officers, directors, employees, and agents, and all individuals associated with or participating in the activities of BCEC and BCBA, together with their respective heirs, personal representatives, successors and assigns, of and from all debt, demand, obligation, claim, liability, suit or cause of action whatsoever for property damage, personal injury or death which may be incurred or suffered by me arising, directly or indirectly, from my participation in any activity of any event, regardless of whether the property damage, personal injury, death debt, demand, obligation, claim, liability, suit or cause of action arises from, or is the result of, the negligence of any person or organization identified or referred to in this release. I understand that BCEC and BCBA are relying upon this release in accepting my application to participate in the event. In the event of an emergency, and my emergency contact cannot be reached by telephone, the <i>Emmaus</i> staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my wellbeing, the cost of which I shall be responsible. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the dates listed above. I also give consent and permission to BCBA to inspect bunkhouses and motels for the safety and protection of all present at BCBA.						
IF PRIMARY APPLICANT IS UNDER 18, A	Parent or Guardian (
APPLICANT'S SIGNATURE:		DATE:				
PARENT/GUARDIAN SIGNATURE:		DATE:				
FOR REGISTAR'S USE ONLY: DATE WALK		AMT PAID ARSHIP WAITING	CASH/CHECK# G LIST			

BIG COUNTRY CHRYSALIS APPLICATION

PLEASE READ CAREFULLY

INCOMPLETE APPLICATIONS WILL BE RETURNED & WILL CAUSE A DELAY IN YOUR CANDIDATE BEING PLACED ON ACHRYSALIS LIST. Full payment of \$175.00 payable to BCEC must accompany the Candidate Application and Sponsor Information Sheet. Postdated checks will not be accepted Please Mail to Big Country Chrysalis / Registrar P. O. Box 5080, Abilene, TX 79608

SCHOLARSHIP NEEDS

If you need to apply for a scholarship, please include a minimum of \$Ì Ï Ӗ€ AND a written request for scholarship funds. The following THREE questions MUST be answered: (1) Reason for financial need; (2) have you asked your reunion group for financial assistance (3) have you asked your church for financial assistance?

RESPONSIBILITIES & THINGS FOR SPONSOR TO REMEMBER

- Candidate MUST be active in their local church.
- The candidate should not be preoccupied by other situations or emotional strains that will prevent him or her from giving full attention to the message and experience of Chrysalis.
- Be sure to have explained the Chrysalis weekend, including follow-up activities, to the candidate and answer any questions they might have. Remember, there is nothing secret about Chrysalis.

Sponsorship is the most important job in Emmaus. The quality of sponsorship influences the Caterpillar, the health of the Emmaus movement, and the Church being affected by Emmaus. Thank you for your dedication and effort to promote the Emmaus vision of developing Christian leaders who will strengthen the local church.

If you cannot answer YES to ALL of the following, then please reconsider whether you are best suited to act as this candidate's sponsor.

- As the sponsor, you must ensure that arrangements have been made for your candidate to get to the event. You should take the candidate to the site personally.
- Pray for the candidate and sign up for the prayer vigil.
- Be prepared to assist in caring for the needs of your candidate's family over the weekend. Example: Mow the lawn, offer childcare, help with transportation, provide a meal, etc.
- Bring Agape, letters, food, drink, etc. for the weekend.
- It is your responsibility to participate in all Emmaus functions scheduled during the weekend including sponsor's hour, candlelight, and closing.
- Bring your candidate to the Community Gathering
- Assist candidate in finding a Reunion Group.

	I					
SPONSOR – PLEASE COMPLETE THE FOLLOWING INFORMATION - COMPLETELY						
Candidate's Name:		Sponsor's Name:				
Sponsor's Street address:						
City:	State:			ZIP Code:		
Home/cell #:	Email:					
Community where you attended your Walk or Chrysalis?	Date		Walk #:			
When and where does your reunion group meet:						
Why did you sponsor this person for a Cl	hrysalis?					
Does the candidate have the spiritual, physical and mental health needed for a Chrysalis weekend?						
Is he/she under any temporary emotional strain that might indicate his/her weekend should be postponed?						
Describe the candidate's spiritual needs for	or this Chrysalis:					
Describe the candidate's personality, sassignments, etc.:	spiritual growth and	d specific physical n	eeds to	assist in seating and room		
Name any family or friends on this same	Chrysalis:					
I HAVE READ & UNDERSTAND SPONSOR'S RESPONSIBILITY SPONSOR'S SIGNATURE:		TTIES DATE:				

Medicine Dispensing Form

TDH Laws require that, all medication, prescription or non-prescription drugs will be held at the camp first aid station and administered by camp approved, medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with this completed form in a zip-lock bag.

> ALL MEDICATIONS MUST BE IN ITS <u>ORIGINAL CONTAINERS</u> FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.

	T THIS FORM	»>>>>>> BACK BACK BACK BACK BACK BACK BACK BACK	
This medication belongs to:		THE MEDICINE	
		Community	
Counselor/Sponsor Name:_			
Parent Name:			
Day Phone:	Nig	ht Phone:	
,		over the counter medicines to be	•
(Example: cough drop, anta	cid, band aid, acet	aminophen, ibuprofen, etc.)	
Medication Name	Dosage	Dosage Time AM/Noon/PM/Bedtime	Special Instructions
•		ircumstances in which to adminis	
Signature:			