



IOWA CHRYSALIS CATERPILLAR APPLICATION YOUTH MINISTRY OF IOWA WALK TO EMMAUS

To be completed by applicant – Please print clearly SPONSOR: _____

_____ Chrysalis Flight # _____
Name

_____ (_____) _____
Address Cell Phone

_____ Email (no school emails please)
City/State/Zip

Male Female Birth Date _____ Age _____ Current School Grade _____

Name desired on name tag _____ T-Shirt Size S ___ M ___ L ___ XL ___ 2X ___ 3X ___

_____ School you attend _____ Church you attend

_____ Pastor's Name _____ Church address

_____ (_____) _____
Church/Pastor's Email Church/Pastor's phone

School/ Religious/Community Activities: _____

Has Chrysalis been explained to you? Yes (___) No (___) Reunions & Gatherings? Yes (___) No (___)

Briefly state why you wish to attend a Chrysalis flight and what you expect from it. _____

Arriving Thursday p.m. or Friday a.m. (circle one)? Who will bring you? _____

The complete cost of the Chrysalis Flight is \$80.00. Please enclose full amount to secure your reservation or pay upon arrival/registration. You will be notified of your acceptance as soon as your application is received by the Registrar. Please notify the registrar or your sponsor immediately if your circumstances change and you cannot attend. In that event, your reservation fee may be applied to a future flight or refunded in certain circumstances.

Please complete this application by filling out all pages, acknowledging your agreement with your signature, entering today's date and return the entire Application to the registrar.

If you are 18 years old you must also fill out the Background Check form.

"I agree to abide by the rules and procedures established by the Iowa Walk To Emmaus Board of Directors and the Chrysalis Committee, and will NOT bring or use any non-prescription drugs, opioids, alcohol or tobacco, nor any paraphernalia thereof, to or during the Chrysalis Flight Weekend."

Applicant Signature _____ Date: _____

Printed Name _____

Return application with deposit to: Sarah Strohman, Registrar
1503 Union Street
Emmetsburg, IA 50536

Or email to: smstrohs@yahoo.com



Image/Likeness Permission Form - (Optional)

This form is to verify that you have given the Iowa Walk to Emmaus and Chrysalis ("IaWTE") permission to use your image and likeness in the manner described here. In view of your rights under U.S. Copyright laws, please review the terms and sign below:

I certify that I have granted IaWTE permission to use my likeness and image on a royalty-free basis, to post the image on the web sites and social media maintained by IaWTE, including the absolute right to use the photograph(s), video and any other reproductions or adaptations, from my photographic shoot, for releases, training, and other distributed materials of IaWTE.

I, _____, understand and agree to the
(Print name)
terms of this form.

Signature

Date

(Parent/Guardian signature is required if participant is under 18. No photographs will be taken during the flight, but rather at reunions and gatherings after the flight).

EMERGENCY NOTIFICATION

In case of emergency, notify:

Name: Last First Middle

Date of Birth Age

Emergency Contact Name & Relationship Cell Phone Number

Insurance Company Policy Number

Please list any health conditions, physical needs/limitations, allergies or special dietary needs: _____

Medical Release to be completed by a parent or guardian of a minor applicant.

(Name) _____ has my/our permission to attend the Chrysalis Weekend.

In the event of an emergency, and if we cannot be reached by telephone, the Chrysalis adult leadership has my permission to secure the services of licensed medical professionals to provide necessary care and treatment, including anesthesia, for his/her wellbeing.

Parent/Guardian (Print Name) _____

Signature of Parent/Guardian _____

Primary Phone: _____ Alternate Phone _____

If above parent/guardian cannot be reached, contact: _____

Phone: _____

Note: The Chrysalis flight will have a designated medical contact to implement required treatment. Be certain to list any medical conditions, allergies, dietary needs or other information on the application, as well as medications being used at the present time. Package and mark medications as outlined on the application.