



Cross Bayou High School Chrysalis Application for Flight # _____
Flight date _____ Flight location _____

Name of Caterpillar _____ Nametag name _____

Address _____ City _____ State _____ Zip _____

School _____ Date of graduation _____ T-Shirt size _____

Parent / Guardian name _____

Primary phone _____ alternate phone _____

Emergency Contact _____ phone _____ relationship _____

Have you been informed to expect NO outside contact during the weekend, except in an emergency? _____

Has it been explained to you that all flights are SMOKE FREE events? _____

Participant's Signature _____ Date _____

I give my son/daughter permission to attend this Chrysalis Three Day Weekend.

Parent / Guardian Signature _____ Date _____

NOTARY REQUIRED IF APPLICANT IS UNDER 18

Subscribed and sworn to before me, _____ (Name of Notary)

A Notary Public, in _____ Parish/County, Louisiana/Texas

On this, the _____ day of _____, 20____

Signature of Notary Public _____

My commission expires _____



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MEDICAL AUTHORIZATION

REQUIRED OF ALL APPLICANTS REGARDLESS OF AGE

I am the parent / guardian of _____

During the event, I can be reached at _____ or _____

Doctor's name _____ phone # _____

Insurance provider _____ phone # _____

PLEASE PROVIDE PHOTOCOPY OF INSURANCE CARD, FRONT AND BACK

Participant's SSN (necessary in case of emergency treatment) _____

Date of last tetanus shot: _____

Are there any medications to be taken during the weekend? _____

List all medications _____

List all allergies _____

Explain any special dietary requirements _____

Describe any health accommodations that might be needed. This includes physical, mental, spiritual, or emotional. All information is confidential. _____

Due to the sensitive nature of this type of weekend, all participants must attend the weekend that corresponds to their biological gender. If the potential participant identifies as something other than their biological gender, or if they are struggling with gender identity, the sponsor MUST contact the flight Spiritual Director or the Community Spiritual Director for further guidance BEFORE registering the caterpillar.

**TO BE COMPLETED BY SPONSOR
Cross Bayou High School Chrysalis Application**



Caterpillar name: _____ for Flight # _____

Sponsor name _____ phone _____

Address _____ City _____ State _____ zip _____

Email address _____ church you attend _____

Three-day weekend you attended _____

When? _____ where? _____ walk/flight # _____

Does your candidate have the physical and mental health needed for the Chrysalis Flight weekend? _____

Have you informed the candidate that they should expect to have NO outside contact during the weekend, except in the case of emergency? _____

Have you explained that all flights are SMOKE FREE events? _____

Will you personally bring the candidate to the site? _____

Are you praying for the candidate? _____

Will you help your candidate get into a reunion group? _____

Have you explained the follow-up meeting? _____

As a sponsor, are you willing to say YES to Christ, to fulfill your responsibilities so that His grace and love are revealed through your actions? _____

CONFIDENTIAL INFORMATION FOR LAY AND SPIRITUAL DIRECTORS

Why did you sponsor this person for a Chrysalis flight? _____

If possible, describe your candidate's personality, spiritual growth, etc. to assist the team in seating and room assignments. _____

Cost of the event is \$100. Please make all checks payable to Cross Bayou Chrysalis

Mail all three completed forms, copies of insurance card, and fee payment to

Donna Kemp, 710 Germantown Road, Minden LA 71055