



El Shaddai Chrysalis Community  
San Bernardino and Riverside Counties  
PO Box 12081 San Bernardino, CA 92423

## El Shaddai Chrysalis Participant Application

Applicants must be at least 15 years of age or have completed 9<sup>th</sup> grade to be a Chrysalis participant.  
College level applicants may participate at a Journey table and could be encouraged to attend the Walk to Emmaus.

**Please print or type unless otherwise noted - Fill in all areas completely**

Male / Female (circle one)      Birthday/Age: \_\_\_\_\_ / \_\_\_\_\_      Journey / Chrysalis (circle one)  
Name: \_\_\_\_\_ Name desired on name tag: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
School/Job: \_\_\_\_\_ Year in School: \_\_\_\_\_  
Home Church: \_\_\_\_\_ Pastor's name: \_\_\_\_\_  
Religious Community Organizations you are involved in: \_\_\_\_\_

Have Chrysalis and reunion groupings been explained to you? \_\_\_\_\_ State briefly why you want to attend Chrysalis and what you expect from it: \_\_\_\_\_

**What is Chrysalis?** Chrysalis is a three-day spiritual renewal retreat that provides the participants an opportunity to learn more about their faith, to experience Christian love and support, and a chance to make new commitments in their faith journey.  
**What happens at Chrysalis?** The content of the three days focuses on God's grace, how one experiences Christ as a friend in the body of Christ, and how one is called into discipleship, giving love to a needy world.  
**What happens after Chrysalis?** Following the three days, you are invited to become intentional about your faith through local church participation and small group studies. You are invited to build on your weekend for the rest of your life.

All applicants must be sponsored by someone who has participated in Emmaus or Chrysalis. If you do not have a sponsor, we will try to find one for you.

Sponsor's Name: \_\_\_\_\_  
Sponsor's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_  
Parent's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts

In the event that applicant must return home before the weekend is over, or in case of a medical emergency, please provide parent/guardian telephone numbers where they can be reached throughout the three days:

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

All applicants please provide the name and number of an adult emergency contact:

Name of person(s) being called: \_\_\_\_\_ Relationship to applicant \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

**Emergency Treatment Authorization**  
**(to be completed by parents of applicants under 18)**

I/We the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray(s), examination(s), anesthetic(s), medical and/or surgical diagnosis and/or treatment(s) rendered under the provisions of the Medical Practice Act and/or Dentist licensed under the provisions of the Dental Practice Act and/or the staff on any acute and/or general hospital holding a current license from the State of California, Department of Public Health, to operate a Hospital. It is understood that this authorization is given in advance of ANY and all specific diagnosis, treatment(s), and/or Hospital care being required, but given to provide authorization and power to render care, which the aforementioned Physician, in the exercise of their best judgement is understood, may deem advisable. It is understood that efforts will be made to contact the undersigned prior to rendering treatment(s) to the patient, but that ANY of the above treatment(s) will not be withheld if the undersigned cannot be reached. This authorization is given pursuant of section 25.8 of the Civil Code of California.  
List any/all restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent(s) or Guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell phone:** (\_\_\_\_\_) \_\_\_\_\_ **Pager:** (\_\_\_\_\_) \_\_\_\_\_  
**Name of Parent or Guardian (please print):** \_\_\_\_\_  
This consent will remain in affect for one calendar year from signature date.

**Medical/Other Information**

Please list any/all allergies, and/or medications currently being taken and/or medical problems, and/or special diet, and/or pertinent medical and/or other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures/Information**

I understand that the El Shaddai Chrysalis Community has a zero tolerance drug and alcohol policy and will not allow underage smoking, or drinking, or any illegal drug use during the weekend. Participants violating this policy will be sent home early. Parent Initials \_\_\_\_\_ Applicant Initials \_\_\_\_\_

(Applicant's name) \_\_\_\_\_ has my permission to attend the El Shaddai Chrysalis weekend. (required for applicants under 18)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Minister/Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor Information**

Please make sure your applicant has completed all sections of this application and mail it to:

El Shaddai Chrysalis Registrar  
PO Box 12081  
San Bernardino, CA 92423