



# Northern Kentucky Chrysalis

## Purpose of Chrysalis

The focus of Chrysalis is personal commitment to Jesus Christ through and in the local Church. The objective of Chrysalis is to inspire, challenge, and equip local church youth for a closer relationship with Christ and for Christian action at home, church, school, and in the community.

*Chrysalis encourages you to be a friend of Christ in the world!*

Name \_\_\_\_\_ Name Tag \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Church and Denomination \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Religious and Community Activities You Have or Are Now Participating in:

\_\_\_\_\_  
\_\_\_\_\_

School You Attend: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Grade \_\_\_\_\_

School Activities You Participate in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the Chrysalis Weekend Been Explained to You? Yes / No      The Follow-up? Yes / No

State Briefly Why You Want to Participate in Chrysalis and What Your Expectations Are:

\_\_\_\_\_  
\_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **To Be Completed by Parent or Guardian:**

\_\_\_\_\_ Has My Permission to Attend the Chrysalis Weekend.  
In the event of an emergency and if I / We cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

If you cannot be reached, Chrysalis staff should call \_\_\_\_\_ Phone ( ) \_\_\_\_\_

List any Medical Conditions, Allergies, Medications, Special Diets, or other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_

Please enclose a \$25 registration deposit to be applied to your contribution of \$75 which helps offset the expense of the weekend. *This deposit is non-refundable.* Please make check payable to **Northern Kentucky Chrysalis**.

You will be notified of your acceptance and other directions pertaining to your weekend.



# Sponsors's Statement of Responsibility

The role of the sponsor is one of the most important ingredients in the success of a Chrysalis weekend. Please consider the following very carefully before sponsoring someone on a Chrysalis weekend. Chrysalis is targeted toward youth who have already made a commitment to Christ (or are moving in that direction) and have a church connection. Chrysalis is a very powerful and intense Christian experience. Persons who do not have the foundation of a prior relationship with God are likely to have a very difficult time on a Chrysalis weekend. **If you are not sure a person is a good candidate for a Chrysalis weekend, talk it over with your pastor or youth leader.** Please feel free to call the Chrysalis registrar or sponsorship chairperson for advice.

**It is important for you to have very little contact with your caterpillar during his/her weekend. You should bring your caterpillar to the weekend, attend sponsor's hour, etc. and closing. Beyond that, you should remain out of sight of your caterpillar. If you want to sign-up to volunteer your services at the church during the weekend, consider signing up for behind the scenes tasks rather than serving meals.**

You should take time to explain to your caterpillar the importance of follow-up to the Chrysalis weekend, including monthly Hoots. **It is your responsibility to bring your caterpillar to the first Hoot following the weekend.** Most importantly, it is your responsibility to help and encourage your butterfly to join or create a weekly sharing / accountability group. If you need help in this area, please contact the community Good Shepherd.

**SPONSOR:** I have read the above paragraphs and agree with the following:  
**(Do not sign and submit this application unless you are willing to make the following commitment).**  
**PLEASE CHECK EACH ITEM:**

- My caterpillar meets the guidelines which are described above, and he/she would be a good candidate for a Chrysalis weekend.
- I will bring my caterpillar to the weekend, attend sponsor's hour, etc and closing.
- I will stay out of sight of my caterpillar as much as possible during the weekend.
- I will make sure that my caterpillar's parents know and understand what Chrysalis is all about, especially if they have not yet attended the Walk to Emmaus.
- I will escort my butterfly to the first Hoot following his / her weekend.
- I will assist my butterfly in joining or starting a weekly sharing / accountability group.
- I will pray and sacrifice for my caterpillar during the weekend.

Sponsor's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Where and When did you attend Emmaus / Chrysalis? \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form & mail it with a \$25 deposit to:  
Northern KY Chrysalis, Attention: Registrar, P.O. Box 6597, Florence, KY 41022-6597

**NOTE TO APPLICANT:** If under special circumstances, you are unable to pay the application fee, please fill out the following Scholarship Request section. Once your request has been submitted, you will be notified as to whether your request has been approved.

In order to attend the Chrysalis Flight, I would like to request a scholarship in the amount of \$\_\_\_\_\_.  
Please note that the \$25.00 deposit is required of all participants requesting a scholarship. Requests for scholarships must be made one month in advance of the flight to the NKY Chrysalis Board of Directors.  
Please forward any request with application and deposit to the attention of the



## Medical Release Form

*To be completed and signed by parent or guardian.*

Name of Participant \_\_\_\_\_

1. Special medical problems or allergies \_\_\_\_\_

2. Regular medications \_\_\_\_\_

3. Contact in case of emergency \_\_\_\_\_

(Name and relationship)

Phone \_\_\_\_\_ Home

Phone \_\_\_\_\_ Work

Phone \_\_\_\_\_ Cell

4. Alternate contact \_\_\_\_\_

(Name and relationship)

Phone \_\_\_\_\_ Home

Phone \_\_\_\_\_ Work

Phone \_\_\_\_\_ Cell

5. Medical insurance carrier \_\_\_\_\_

Policy/Group # \_\_\_\_\_ ID # \_\_\_\_\_

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

If at all possible, please return this Medical Release Form with the application. This form must be on file with the NKY Chrysalis Community prior to the flight in order for the caterpillar to attend the weekend.



## Reference Form

**Please mail to: Linda Chase, Registrar    NKY Chrysalis    493 Gerhard Drive    Edgewood, KY  
41017**

The candidate should give this form to a pastor, youth counselor, or teacher who knows the candidate well.  
This form will help to place the candidate in a group where the candidate will benefit most.

**Chrysalis Officials will keep this information in the strictest of confidence.**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Church \_\_\_\_\_ High School \_\_\_\_\_

Please circle the appropriate description and comment as necessary.

**Exercise Leadership:**    NONE    AVERAGE    GOOD    EXCELLENT

Comments: \_\_\_\_\_

**Maturity:**    IMMATURE    AVERAGE    MATURE    VERY MATURE

Comments: \_\_\_\_\_

**Leadership Area:**    CHURCH    SCHOOL    ATHLETICS    SOCIAL    MUSICAL    OTHER

Comments: \_\_\_\_\_

**Psychological Adjustment:**    POOR    AVERAGE    GOOD    EXCELLENT

Comments: \_\_\_\_\_

**Peer Relations:**      QUIET              TALKATIVE              DOMINEERING              WELL-LIKED

Comments: \_\_\_\_\_

Please furnish any additional comments that you feel could help the leadership team to understand and deal sympathetically with the candidate. Comments about the candidate's home life, personality, attitude towards life, doubts, difficulties, and hopes are also helpful.

\_\_\_\_\_  
\_\_\_\_\_

Person filling out form: \_\_\_\_\_ Phone (      )

\_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_ In what capacity?

\_\_\_\_\_