

**Cross Country Emmaus Community
Chrysalis Request For Reservation**

**(Applicant must be 15 years of age AND/OR completed Freshman year of high school,
through first year of college)**

Desired Flight # (if any preference) : (1) _____ (2) _____ (3) _____

Name _____ Sex ____ Birth Date (MO/DAY/YR) _____

Preferred "NAME TAG" Name if different _____

Address _____

City _____ St ____ Zip _____

Home Phone (____) _____

Last grade completed _____ Name of School _____

Name/Denomination of Church now attending _____

Has Chrysalis been explained to you, including Chrysalis follow-up? _____

Are you on a special diet? ____ If YES, please explain:

Could you attend on short (2-4 days) notice? _____

Please enclose \$150.00 with this application. This is the full cost to you for the weekend. This is refundable up to (7) seven days before the weekend. Make a check payable to CROSS COUNTRY EMMAUS COMMUNITY. Scholarships are available but should be arranged through your sponsor. Your application cannot be processed before the full registration fee is received.

REGISTER ONLY IF YOU INTEND TO BE PRESENT FOR THE ENTIRE WEEKEND.

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended an Emmaus or Chrysalis weekend. You will receive confirmation by mail as well as a list of the necessary items to bring, when you are placed on a walk.

Your Signature _____

Pastor's Signature _____

Sponsor's Statement: As the sponsor of the above named candidate, I have fully explained the requirements for the Chrysalis 72-hour weekend. I have further explained the Post-Chrysalis activities to the applicant, to the best of my ability and what is prudent concerning the program.

Sponsor's Name _____

Address _____

City _____ St _____ Zip _____

Home Phone (____) _____ Email (Optional) _____

Mail this completed form with your check to:

Christa Loftis, Registrar
PO Box 383
Graham, TX 76450
loftischrista@sbcglobal.net

For use by Registrar:
Date Received: _____
Amount Received: _____

**Cross Country Emmaus Community
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TO BE FILLED OUT BY SPONSOR**

Sponsor Name _____

Address _____

City _____ St _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Name and Denomination of Church now attending _____

Do you attend regularly? _____ Where did you go on a Walk?

_____ When? _____ Walk#? _____

Are you in a Reunion Group? _____ How many candidates have you sponsored in the last year? _____

How long have you known the candidate? _____ Do you receive the Newsletter? _____ Does the candidate have the physical and mental health needed for a Chrysalis Weekend? _____

Why do you feel this person would be a good candidate?

Is the candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? _____ Are you willing and able to assist the candidate to get into a Reunion group?

It is extremely important that you, as the Sponsor, attend all of the activities of the Walk weekend.

As the Sponsor, will you; Bring the candidate to the Chrysalis site? _____ Attend Candlelight? _____ Attend Sponsor's Hour? _____ Attend the Closing Ceremonies? _____ Care for the needs of your candidate's family over the weekend? _____

Are you aware of the importance of minimal contact with your candidate during the weekend? _____

Other duties and responsibilities of being a Sponsor:

Sponsor only qualified candidates, Christians, active in a local Church. Sign up for 72-Hour Prayer Calendar. Secure Agape Letters from candidate's friends and family. Have your pilgrim at the Chrysalis site no later than 7:00 PM. Provide Agape items for the Chrysalis weekend.

Sponsor's Signature _____ Date _____

**Cross Country Emmaus Community
Chrysalis Medical Information and Release**

The Cross Country Emmaus Community requires that each person attending a Chrysalis weekend, have this form complete and on file before being allowed to participate in the weekend. Please fill in all blanks, type or print legibly, sign and have this page Notarized.

I am the parent/guardian of _____ who has my permission to attend the Chrysalis Weekend beginning _____ and ending _____. During that time I may be reached at:

Address _____

City _____ St _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

One Other Person/Relationship:
Home Phone (____) _____ Work Phone (____) _____

Sex ____ Birth Date _____

Is child on any medications? _____ If YES, what are they? _____

Insurance Company _____ Group/Policy # _____

Ins. Co. Phone (____) _____ Physician's Name _____

Phone (____) _____ City _____ St _____ Zip _____

Date of last Tetanus injection? _____ Is child currently taking medication? _____ If YES, please send medications in original container with instructions & contents. Please list all allergies, medical problems, physical needs, medications etc. that we need to know about in case of an emergency.

In the event of an emergency, and if I cannot be reached by telephone, the CROSS COUNTRY EMMAUS STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my child's well being.

Signature: _____

Date: _____

STATE OF TEXAS COUNTY OF _____ BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and in my presence, affixed the same or having been duly sworn, states under oath that the signature was affixed by him/her, for the purposes stated herein.

_____ NOTARY PUBLIC SEAL

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions: _____

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. 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 above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____ Name: _____ Name: _____

PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X _____

BCBA, P. O. Box 248, Lueders, Texas 79533 mailing address

BCBA, 201 FM 142, Lueders, TX 79533 physical address

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 ORIGINAL CONTAINERS FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.**



PUT THIS FORM IN THE ZIP LOCK BAG ALONG WITH THE MEDICINE

This medication belongs to: _____

Camper's Church: _____

Councilor/Sponsor Name: _____

Parent Name: _____

Day Phone: _____ Night Phone: _____

Parent (please circle) will / will not allow over the counter medicines to be dispensed to their camper exceptions are: _____

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, etc.)

Please indicate with a check mark if meds are taken but NOT brought to camp. Thank you.

Ck Mark	Medication Name	Dosage	Dosage Time AM/Noon/PM/Bedtime	Special Instructions

If medication is only "as needed" tell us the circumstances in which to administer the medication: _____

Signature: _____