

# **NORTHWEST OHIO CHRYSALIS REGISTRATION**

*Please complete the information below so that we are best able to meet your needs on your Chrysalis weekend. All information will be kept CONFIDENTIAL.  
UPON COMPLETION, RETURN THIS FORM TO YOUR SPONSOR.*

## **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_

Name for nametag: \_\_\_\_\_ Sex (circle one): M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ County of Residence: \_\_\_\_\_

School you attend: \_\_\_\_\_ Year of HS Graduation: \_\_\_\_\_

T-shirt size (circle one): S M L XL XXL

Please list any allergies (food, medication, and other): \_\_\_\_\_

\_\_\_\_\_

Please list all medical issues and medications: \_\_\_\_\_

\_\_\_\_\_

Please list any special diet restrictions you may have: \_\_\_\_\_

\_\_\_\_\_

## **ACTIVITIES AND INVOLVEMENT:**

Church or community activities you are involved in: \_\_\_\_\_

\_\_\_\_\_

School activities you are involved in: \_\_\_\_\_

\_\_\_\_\_

## **WEEKEND I WOULD LIKE TO ATTEND:**

*(All weekends are held at Maumee UMC)*

**Girls' Weekend**

\_\_\_\_\_

**Boys' Weekend**

\_\_\_\_\_

**PARENT INFORMATION:**

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If above cannot be reached, contact : \_\_\_\_\_ at Phone: \_\_\_\_\_

**CHURCH INFORMATION:**

Church you attend and denomination: \_\_\_\_\_

Church address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Pastor's email \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_

**CHRYSALIS INFORMATION:**

Has the Chrysalis weekend been explained to you?: Y N

Have the post-Chrysalis weekend activities been explained to you?: Y N

State briefly why you wish to participate in Chrysalis and what you expect from it:

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

Sponsor's Name: \_\_\_\_\_

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

**FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN (if candidate is under 18)**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and I/we cannot be reached by telephone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide care necessary, including anesthesia for my child's well-being.

Signature of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Please enclose **\$15.00** as a non-refundable deposit toward the **\$65.00\*** registration fee, which partially offsets the expense of the weekend. Make check payable to NORTHWEST OHIO CHRYSALIS. You will be notified of your acceptance, via a phone call and/or an email. Thank you!

\* Partial and full scholarships are available if needed.

\_\_\_ Yes, scholarship is needed. \_\_\_ FULL \_\_\_ PARTIAL, Amount needed: \_\_\_\_\_