

Southeast Florida Chrysalis Discovery Weekend



Candidate Application Form (Page 1)

All of the following information is necessary for your proper placement in a Discovery Weekend. Please fill in all areas.

(Please print or type)

| | | |
|--|---|-----------------------------------|
| Age: | Date of Birth: MM/DD/YYYY | |
| Last Name: | First Name: | Preferred Name: (For name tag) |
| Street Address | City, State, Zip Code | |
| Primary Phone: | Alternative Phone: | |
| Email Address: | Male <input type="checkbox"/> Female <input type="checkbox"/> | T-Shirt Size: |
| School you attend: | Grade: | |
| School activities: | | |
| Are you on a special diet? <input type="checkbox"/> No <input type="checkbox"/> Yes | (If yes, please specify) | |
| Are you on any special medication? <input type="checkbox"/> No <input type="checkbox"/> Yes | (If yes, please specify) | |
| Do you have a health or physical handicap or allergy that may affect your attendance at a Discovery Weekend? <input type="checkbox"/> No <input type="checkbox"/> Yes | (If yes, please specify) | |
| In what religious and/or community organizations are you active? | | |
| Has Discovery Weekend been explained to you? <input type="checkbox"/> No <input type="checkbox"/> Yes | This is an electronics free weekend. I understand that I will be unable to bring or use a cell phone. Please initial here: | |
| State briefly why you wish to participate in Discovery weekend and what you expect from it. | | |
| Name of church now attending: | Denomination: | |
| Candidates Signature: | Date: | |
| Please also complete the Emergency Permission form on next page. | | |

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Emergency Permission

To be completed by parent or guardian if candidate is under 18 years old.

In the event of an emergency, illness or accident, parents or guardian will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need emergency permission for medical care **signed and notarized**. **Everything on must be completed on this form.**

In the event that _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in Discovery Weekend, I hereby give permission to the person in charge of the weekend in consultation with local medical personnel. I understand that I will be contacted at the earliest possible moment.

| | |
|------------------------------|-----------------------|
| Signed: | Relationship: |
| Cell Phone: | Home/Work Phone: |
| Street Address: | City, State, Zip Code |
| Insurance Information | |
| Insurance Company: | |
| Policy Number Code: | |

To be completed by Notary Public:

| | |
|--|--------|
| State of: | |
| County of: | |
| The foregoing instrument was acknowledged before me this _____ day of _____ by _____ who is personally known to me and who did not take an oath. | |
| Notary Public Signature: | (Seal) |

The total cost of Discovery weekend is \$80.00. Please enclose a pre-registration deposit if \$30. This fee is not refundable unless we have no openings for you. The balance of \$50.00 will be payable on your weekend. Please make check payable to Southeast Florida Chrysalis & put Discovery Weekend in the memo section. You will be notified of your acceptance. Please notify us immediately if you cannot come so someone else can attend.

Email a picture of this completed application to chrysalisregistrar@gmail.com