

Dear Sponsor,

It is your responsibility to get the Chrysalis Application and Health Form to the caterpillar you are sponsoring. It is advised that you be with the person you are sponsoring while they are completing the information. This way you can make sure all the information is completed and correct.

You then must complete the sponsor form. Again, please complete the entire form.

Your next responsibility is to get all 3 forms together and get them to the Chrysalis Registrar. You can mail the forms, or scan and email the forms to the Registrar. The Registrars mailing information and email address are on the bottom of the sponsor form.

Remember to pray for the caterpillar you are sponsoring.

DeColores!

Nebraska Chrysalis Application — 2025 Version

To Be Filled Out By The Candidate:

Chrysalis # _____ Date of event: _____ Location: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Do the phone numbers and email address listed belong to you or your parents? Mine ☐ Parents ☐

Your Age: _____ Date of Birth: _____ Grade in or just completed: _____

Your School: _____

Are you on a special diet? Yes ☐ No ☐ Please explain: _____

Taking any medications? (List) _____

Do you have any health problems or handicaps that may affect your participation at Chrysalis?

Do you work? Yes ☐ No ☐ If, yes, what do you do? _____

Emergency Contact Persons Name: _____

Emergency Contact Phone: _____ Other Phone: _____

Have the Chrysalis programs, meeting and gatherings been explained to you? Yes ☐ No ☐

Do you see yourself as: Shy & Quiet ☐ Moderately Talkative ☐ Constantly Commenting ☐

State briefly why you wish to be involved in a Chrysalis event: _____

Your Church: _____ Denomination: _____

Pastor's Name: _____ and/or Youth Leader: _____

Church Address: _____ Church Phone # _____

What religious community or organizations are you active in? _____

Please complete all of the information above for proper placement in the Chrysalis weekend. The total cost of the weekend is \$200.00. Please bring a check or cash with you to the Chrysalis Flight and make your payment then. You will receive notification of receipt of your application and additional information about what to bring to the weekend.

The above information is to help us get to you know you better. Keep in mind the purpose of Chrysalis is to strengthen your faith and the local church.

Please fill out and sign a health form/waiver to accompany this application. It is required before your attendance at the weekend. Your sponsor should provide this form to you.

By signing this form, you agree not to hold the Nebraska Chrysalis/Emmaus Community liable for lost or stolen property during the entire Flight. You are responsible for your own property.

PUBLICATION RELEASE: By submitting this application, I agree that Nebraska Chrysalis may publish my name and city of location in the Nebraska Chrysalis newsletter, the weekend brochure, and other Nebraska Emmaus publications. OR I prefer my information not be published _____ initial here. Ask your sponsor why we would like to publish.

Your Signature: _____

Guardian's Signature (if participant is under 19): _____

Give this completed form to your sponsor. Your sponsor will mail it in.

Cost of the weekend is \$200.00. Registrations are due at least one week before the event.

Nebraska Chrysalis Sponsor Form — 2025 Version

To Be Filled Out By The Sponsor:

Chrysalis #: _____ Date of event: _____ Location: _____

Name of candidate: _____

Sponsor's First name: _____ Last Name: _____

Sponsors Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ E-mail: _____

Church you attend: _____ Denomination: _____

Church Mailing address: _____

Your Age: _____ Date of Birth: _____ (needed for record keeping purposes only)

When did you first attend Chrysalis/Emmaus/Etc.? _____

How many candidates have you sponsored in the past? _____

Do you attend Chrysalis 4th Day or Reunion events regularly? Yes ☐ No ☐

Do you receive the NE Emmaus\ Chrysalis News & Prayer Requests emails? Yes ☐ No ☐

Do you use the website to keep informed? Yes ☐ No ☐

Would you like to know how to receive emails from the Community? Yes ☐ No ☐

Are you praying and sacrificing for your candidate? Yes ☐ No ☐

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

Is the candidate physically able to participate in the Chrysalis event? Yes ☐ No ☐

Is the candidate mentally able to participate in the event? Yes ☐ No ☐

Is the candidate under any temporary emotional strain that may indicate it would be best to postpone his/her attendance at an event? Yes ☐ No ☐

Are you willing to assist the candidate to get into a reunion group? Yes ☐ No ☐

Have you explained Chrysalis and reason for the event to the candidate? Yes ☐ No ☐

Are you contacting family/friends of the candidate to get personal agape mail? Yes ☐ No ☐

Will you bring the candidate to the event? Yes ☐ No ☐

Are you planning to attend Candlelight? Yes ☐ No ☐ Closing? Yes ☐ No ☐

Are you aware of the importance of minimal contact with your candidate during the event? Yes ☐ No ☐ Do you understand these Sponsorship Responsibilities? Yes ☐ No ☐

Sponsor's Signature: _____ Date: _____

As a sponsor, you should know how your candidate will be paying for the Flight. If you or your church will be paying for the candidate, have funds ready to make payment at check-in at the Flight. The cost of the Flight is set below what it actually costs to feed, house and provide the materials needed for each participant. In addition to payment you are encouraged to make a love offering above the cost of the Flight. Sponsors should return this form along with the candidates application and health form to:

NE Chrysalis Registrar
c/o Scott Nikont
27670 Thunder Creek Rd, Winner, SD 57580
308-760-0541 / scottnikont@gmail.com

You can mail the forms to the registrar, or scan and email!

HEALTH FORM/WAIVER IN LIEU OF HEALTH EXAMINATION TO ATTEND CHRYSALIS OR EMMAUS:

DATES OF EVENT _____

I HEREBY GIVE PERMISSION FOR _____
(LAST NAME) (FIRST NAME)

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

To participate in the Chrysalis or Emmaus enterprise of which he/she is enrolled, and do not hold the enterprise or the Nebraska Chrysalis / Emmaus Community responsible for sickness, injury, or death resulting from and physical unfitness of the above named to attend and participate in the Nebraska Chrysalis / Emmaus activities. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director of the event, or Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

DATE _____ SIGNATURE OF PARENT / GUARDIAN _____

PARENT / GUARDIAN ADDRESS AND PHONE IF DIFFERENT FROM ABOVE

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PARTICIPANTS AGE _____ BIRTH DATE _____ HEIGHT _____ WEIGHT _____ GENDER _____

[OPTIONAL] NATIONAL ORIGIN: (CHECK ONE) NATIVE AMERICAN / ALASKAN _____

BLACK _____ ASIAN PACIFIC ISLANDER _____ HISPANIC _____ WHITE _____

Each participant is covered by an excess medical coverage policy, which pays only after the claimant's primary carrier pays. It will pay the deductible, the co-insurance and the first dollar, if the participant has no other health insurance up to \$5000 per accident or \$1500 per sickness.

Please provide the name of your medical insurance company

_____ number of policy _____

1. Is there a history of chronic infection of nose, throat, ears, sinus, or lungs? Yes _____ No _____ If so, what?

2. Is there a history of heart pathology requiring restricted activity? Yes _____ No _____ If so, indicate the restriction.

3. Is this person subject to any skin disease? Yes _____ No _____ If so, what? _____

4. List allergies to drug, medications, or food _____

5. Has there been recent illness, or exposure to contagious disease? Yes _____ No _____ If so, what?

6. Is this person subject to fainting? Yes _____ No _____ Convulsive seizures? Yes _____ No _____ Nose bleeds? Yes _____ No _____

Cramps? Yes _____ No _____ Asthma? Yes _____ No _____ Is he/she diabetic? Yes _____ No _____ What medication is prescribed for the preceding conditions? _____

7. List any limitations of activity _____

8. Is there any drug or medication to be taken regularly? _____

9. Date of last tetanus shot? _____ 10. Any other information you wish to add?

VIDEO & PHOTOGRAPHS: I give permission for photographs and/or videos of _____ (participants name) to be used by Nebraska Chrysalis / Emmaus.

(Date) _____ (Signature) _____

THIS FORM IS REQUIRED TO BE SENT WITH APPLICATION OR HANDED TO REGISTER AT THE EVENT