

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 — 2024 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 — 2024 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 NE CONFERENCE UNITED METHODIST CAMPS AND CONFERENCES:

NUMBER, DATES, DIRECTOR \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR \_\_\_\_\_

(LAST NAME)

(FIRST NAME)

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

To participate in the United Methodist enterprise for which he/she is enrolled, and do not hold the enterprise or the Nebraska Conference responsible for sickness, injury, or death resulting from any physical unfitness of the delegate (camper) to participate in the enterprise 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 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 \_\_\_\_\_

CAMPER'S AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GENDER \_\_\_\_\_

[OPTIONAL] NATIONAL ORIGIN: (CHECK ONE) AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_\_  
BLACK \_\_\_\_\_ ASIAN PACIFIC ISLANDER \_\_\_\_\_ HISPANIC \_\_\_\_\_ WHITE \_\_\_\_\_

Each camper 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 first dollar, if the camper 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? If so, what? \_\_\_\_\_
2. Is there a history of heart pathology requiring restricted activity? \_\_\_\_\_ if so, indicate the restriction. \_\_\_\_\_
3. Is this person subject to any skin disease? \_\_\_\_\_ If so, what? \_\_\_\_\_
4. List allergies to drugs, medications, or food. \_\_\_\_\_
5. Has there been recent illness, or exposure to contagious disease? \_\_\_\_\_ If so, what? \_\_\_\_\_
6. Is this person subject to fainting? \_\_\_\_\_ Convulsive seizures? \_\_\_\_\_ Nose bleeds? \_\_\_\_\_ Cramps? \_\_\_\_\_ Asthma? \_\_\_\_\_ Is he/she diabetic? \_\_\_\_\_ 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? \_\_\_\_\_

PLEASE NOTE: When your child checks in at camp, we will need to know the name of the person who will be picking him/her up. If this changes while he/she is at camp, please call the camp director or manager.

VIDEO AND PHOTOGRAPHS

I give my permission for any photographs and/or videos of me or \_\_\_\_\_ (child's name) to be used by the United Methodist Conference for promotion and/or advertisement.

(Date) \_\_\_\_\_ (Signature) \_\_\_\_\_

THIS FORM IS REQUIRED TO BE SENT PRIOR TO ADMITTANCE