

Nebraska Chrysalis Team Registration Form - 2025 Version

Team Contract:

As a member of the team for Nebraska Chrysalis Flight # _____, I understand that my job is to serve God through leadership, action and love. My focus and attention is to help the candidates to expand their faith and experience God. I understand that no job at Chrysalis is more important than another. I will make every effort to show God's love to everyone I come in contact with through my servant's attitude.

- o I will place everyone else at the weekend ahead of my own interests.
- o I will follow the directions of the Directors during the Chrysalis event.
- o I will pray for success of the event from now until the end of the event.
- o I understand that my reason for being on the team is to serve, not to socialize.
- o I understand that I am expected to dress properly for a Christian event (No skimpy clothes, or clothing with drug, alcohol or tobacco products or references please).
- o TVs, radios, music players and telephones are not to be used during the weekend.
- o I will abide by the lights out times and will remain in my sleeping area.
- o I will maintain proper boundaries with members of the opposite sex.
- o I understand that no drugs, alcoholic beverages, or tobacco products are permitted.
- o I understand that if I do not abide by these guidelines, the Directors may call my parents and send me home.

If you are under 19 years of age, please fill out and sign a health form/waiver to accompany this application. It is required before your attendance at the weekend. This form is included with this application.

Team members are requested to pay the costs for their weekend in full. If you need help with the cost of your weekend you should seek the funds from your local 4th Day Reunion Group. The cost of the Flight is set below what it actually costs to feed, house and provide the materials needed for your participation. In addition to payment you are encouraged to make a love offering above the cost of the Flight. Weekend cost is \$200.00.

Please make your payment at the Flight. Have a check or cash ready. Please do not try and pay for your weekend while monies are being collected at check-in from candidates. Money for team members will be collected at one of the team meetings.

It is important for each Conference Room team member to complete both pages of this form and mail it, or scan and email at least 1 week prior before the Flight Weekend. Mail to:

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

Please complete the other side or page 2 of this form.

THANK YOU FOR YOUR PARTICIPATION ON THE TEAM

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

First Name: _____ Last Name: _____ DOB : _____

Spouses First Name (if married): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Your Age: _____ E-mail: _____

Home Phone #: _____ Cell Phone #: _____

What duty / talk will you be doing at the weekend? _____

Your original Flight # or Walk # and location: _____

Please list past Chrysalis events you have been involved in (Flight # and assignment)

If you have any health problems that may affect your participation/or attendance at the Flight, please explain: _____

Do you have any allergies to food or medications? If so, please list: _____

If you are on a special diet, please describe your needs: _____

In case of an emergency, please contact: _____

Emergency Contact Phone: _____ Other Phone: _____

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.

Your Signature: _____

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

Please complete the other side or page 1 of this form.

THANK YOU FOR YOUR PARTICIPATION ON THE TEAM

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