



**CornerstoneChrysalis Community
TEAM APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY:

NAME	TELEPHONE NUMBER
	() -

ADDRESS	CITY	STATE	ZIP

BIRTHDATE	AGE / GRADE	SEX	E-Mail Address
/ /	/	M / F	

SCHOOL: _____ CHURCH : _____

APPLYING AS (circle one): ADULT / YOUTH Have you worked Team? YES / NO

State briefly what you would be willing to do on a Chrysalis Weekend: _____
(Kitchen, Table Leader, Speaker, Musician, Agape)

State briefly why you wish to participate as a team member in Chrysalis and what you expect:

Please indicate the talks you have given and positions in which you have served on previous weekends (including Emmaus Walks.) Please mark with the Flight or Walk number if known; otherwise mark with an X.

- | | |
|--|---|
| <p>_____ Ideals</p> <p>_____ God Designed You</p> <p>_____ Faith</p> <p>_____ God Loves You</p> <p>_____ The Prodigal</p> <p>_____ Communication Through Prayer</p> <p>_____ Christian Growth Through Study</p> <p>_____ God's Gift to You</p> <p>_____ Marriage</p> <p>_____ God Forgives You</p> <p>_____ Christian Action</p> <p>_____ Single Life</p> <p>_____ God Empowers You</p> <p>_____ Priesthood of All Believers</p> <p>_____ Next Steps</p> | <p>_____ Lay Director</p> <p>_____ Assistant Lay Director</p> <p>_____ Head Spiritual Director</p> <p>_____ Spiritual Director</p> <p>_____ Table Leader</p> <p>_____ Head Musician</p> <p>_____ Musician</p> <p>_____ Head Cook</p> <p>_____ Assistant Head Cook</p> <p>_____ Cook</p> <p>_____ Head Agape</p> <p>_____ Agape</p> <p>_____ Logistics</p> <p>_____ Angel</p> <p>_____ Candlelight Dinner Server</p> |
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I AGREE THAT IF I AM SELECTED TO SERVE ON A TEAM, I WILL ATTEND TEAM MEETINGS AND PARTICIPATE IN THE ENTIRE WEEKEND. Team fees are \$75 and are due at the first team meeting. Make checks payable to Cornerstone Chrysalis Community.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE MAIL TO: Chrysalis Registrar
43419 37th Street West,
Lancaster, CA. 93536

TO BE COMPLETED BY PARENT OR GUARDIAN:

_____ has my/our permission to attend the Chrysalis program. In the event of emergency, my authorization for emergency treatment is provided below.

I (WE) the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, or the staff of any acute general hospital holding a current license from the State of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to render care which the aforementioned Physician, in the exercise of his best judgement, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. I (We) do forever release, acquit, discharge, and covenant to hold harmless the High Desert Chrysalis Community, their affiliated organizations, directors, staff, volunteers and guests from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries and property damage which may occur as a result of participation in this program. This consent shall remain in effect indefinitely unless otherwise specified.

SIGNATURE OF PARENT(S) OR GUARDIAN(S):

_____/_____ Date _____
Father (or legal guardian) Print Name

_____/_____ Date _____
Mother (or legal guardian) Print Name

In the event that your child must return home before the program is over, or in case of a medical emergency, please provide the telephone numbers where you can be reached.

Phone (_____) _____ - _____ Alternate Emergency Phone (_____) _____ - _____

Team Member cell phone (_____) _____ - _____

Please list any allergies, medications being taken, medical problems, special diet, or other pertinent information or restrictions:

			USE ONLY	

Comments – Notes: