

Chrysalis Community Request for Reservation

____ Girl's Flight #64 June 17-20, 2021

Must be present for entire weekend

____ Boy's Flight #65 July 8-11, 2021

PARTICIPANT Information (please print)

Name _____ Name for Name Tag _____ Male Female

DOB _____ Age _____ If 18 or over, do you consent to the required background check? **Yes No Please initial** _____

Print FULL Legal Name _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Cell Number _____

Church _____ School _____ Last grade completed _____

Dietary Needs _____ Health/Physical Concerns _____

Has the Chrysalis Flight been explained to you? **Yes No** Have the follow-up gatherings been explained to you? **Yes No**
Why do you want to participate in the Chrysalis experience and what do you hope to gain from it? _____

By my signature I agree: "I will conduct myself in an appropriate manner during this Christ-centered weekend and abide by Circle Six polices. If not, my sponsor or parents will be contacted and I will be removed from the weekend."

Participant Signature: _____ **Date:** _____

PARENTAL/GUARDIAN Information_ (please print)

Name _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Cell Number _____ 2nd Contact Number _____

Other Contact Person _____ Cell Number _____

By my signature below, I agree or disagree:

1. Chrysalis may publish the participant's and my phone number and mailing address on lists to be distributed to other Chrysalis participants, team members, and future lay directors for possible team selection? **Yes No**

2. _____ has my permission to attend the Chrysalis weekend. In the event of an emergency, and, if I/we cannot be reached by phone, the Chrysalis staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my participant's well-being. I further do hereby release and discharge Chrysalis, its Board, and members from any and all liability from illness, injuries, and damages that may arise out of the event or from travel to and from the event. **Yes No**

Parent/Guardian Signature _____ **Date** _____

Insurance Company _____ Policy Number _____

Weekend Fees: The fee for the Chrysalis weekend is \$125. Please enclose payment with this request for reservation or note below the amount of a scholarship needed. The fee is refundable up to seven days before the event by contacting the registrar

Scholarship amount requested (please try to pay whatever portion of the \$125 possible) _____

PASTORAL Information

All participants must have a pastor or youth pastor sign his/her Chrysalis reservation before it can be processed.

Pastor's Endorsement: I know this participant, and I recommend his/her participation in Chrysalis.

Pastor's Name (please print): _____ Pastor's Signature: _____

SPONSOR Information (please print)
Sponsorship is the most important job in Emmaus

Each participant must be sponsored by someone who has attended a Walk to Emmaus or Chrysalis. If sponsor is 21 years of age or younger, an adult over 21 must co-sponsor the candidate.

Name _____ Email _____

Cell Number _____ 2nd Contact Number _____

Mailing address _____ City _____ State _____ Zip _____

Have you attended a Walk to Emmaus or Chrysalis Flight? **Yes No** Date _____ Location _____ Number _____

It is important for the success of the Chrysalis for you to be a fully participating sponsor. Please answer each question listed below. If you cannot answer "yes" to all of the questions listed below, please attach a separate sheet explaining why you cannot fulfill the sponsor's duties.

- Y N** Will you pray for the candidate and sign up for the prayer vigil?
- Y N** Will you bring or make arrangements to bring your candidate to the Chrysalis site on Thursday night?
- Y N** Will you attend Sponsor's Hour, Candlelight, and Closing?
- Y N** Will you bring Agape, including food and drinks for the weekend?
- Y N** Did you explain to your candidate that, except for emergencies, he/she should expect no contact during the weekend?
- Y N** Have you made sure that your candidate has a nice outfit to wear for dinner on Saturday?
- Y N** Have you explained what a Chrysalis is to the candidate's family?
- Y N** Will you invite the participant's parents/family to attend closing if they have not attended a Walk to Emmaus/Chrysalis?
- Y N** Will you explain the monthly community gathering and RUSH to your candidate?
- Y N** Will you accompany your candidate to the community gathering?
- Y N** Are you willing to help your candidate get involved in a reunion group?

Confidential information for the Lay/Spiritual Director about the candidate:

In your opinion, does the candidate have the spiritual maturity to benefit from the Chrysalis weekend? **Yes No**
Why did you choose to sponsor this Chrysalis participant?

Please describe your candidate's personality, spiritual growth, and any physical needs to assist in table and room assignments

Is there anything else that we should be aware of regarding this chrysalis participant prior to the Chrysalis that would help us serve him/her better on the flight? _____

Please list any known family members and/or friends on this Chrysalis flight

As a sponsor, I say "YES" to Christ –to fulfill my responsibilities in such a way that His grace & love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to the high calling of servanthood.

Sponsor Signature: _____ **Date:** _____

Adult Co-Sponsor Signature: _____ **Date:** _____

Please mail completed reservation with Circle Six Medical form and flight fee to:

For Girl's flight

Hi-Sky Chrysalis Registrar
PO Box 1452
Stanton, TX 79782
Registrar: Wilma Stirl 432-634-9690
Scan via email: wjstirl@juno.com
Checks payable to: Hi-Sky Chrysalis

For Boy's Flight

Hi-Sky Chrysalis Registrar
PO Box 1452
Stanton, TX 79782
Registrar: Wilma Stirl 432-634-9690
Scan via email: wjstirl@juno.com
Checks payable to: Hi-Sky Chrysalis

Reservations are due on Thursday, one week before the flight is scheduled to begin.

For Office Use Only

Date Received: _____ Flight #: _____ Paid – Check #: _____ Scholarship request? **Y N** Date granted: _____



Circle Six Baptist Camp & Conference Center

Student Medical/Liability Release Form

P.O. BOX 976 STANTON, TX 79782 PHONE: 432.458.3467 INFO@CIRCLE6RANCH.ORG

INSTRUCTIONS: Complete the Registration form in its entirety. Authorized signature is required on both front and reverse side. Type or print legibly in dark ink.

Return completed form to group contact person. **DO NOT MAIL TO CSBC.** The COMPLETED Medical/Liability Release form is a REQUIRED document authorizing entrance to Circle Six property and participation in camp activities. Upon arrival, the completed form must be delivered to Circle Six administrators. Texas Law requires that the completed original medical form be kept in the Campus office and become a document of permanent Circle Six record.

CAMPER'S INFORMATION

CAMPER'S NAME _____

BIRTH DATE _____ AGE _____ MALE [] FEMALE []

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ OTHER () _____ EMAIL _____

PARENT/LEGAL GUARDIAN _____ RELATION TO YOU _____

PARENT / LEGAL GUARDIAN PHONE NUMBER DAYTIME () _____ OTHER () _____

NAME OF CHURCH/GROUP WITH WHOM YOU ARE ATTENDING _____ CITY _____ STATE _____

HAVE YOU BEEN CONVICTED OF A FELONY YES NO IF YES, EXPLAIN _____

HEALTH INFORMATION

PRESCRIPTION MEDICATIONS TAKEN _____

OVER THE COUNTER MEDICATIONS _____

DO YOU PLAN ON BRINGING THESE MEDICATIONS WITH YOU TO CAMP* YES [] NO []

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

RECENT SERIOUS INJURY YES [] NO [] RECENT SURGERY YES [] NO []

CHRONIC MEDICAL CONDITION YES [] NO [] OTHER HEALTH CONCERNS YES [] NO []

IF YOU CHECKED YES TO ANY ABOVE, EXPLAIN _____

DATE OF LAST TETANUS SHOT _____ IMMUNIZATIONS CURRENT YES [] NO []

DO YOU HAVE ANY ALLERGIES TO ANY THE FOLLOWING? IF YES, PLEASE EXPLAIN.

FOOD _____ DRUGS _____

INSECT STINGS/BITES _____ OTHER _____

* State law requires all medications to be placed in the Campus Health Center during Summer Camp season. All medications must be brought in the original bottle (prescription or over-the-counter) and properly labeled as prescribed by law.

EMERGENCY CONTACT INFORMATION

PERSON TO NOTIFY IN EVENT OF EMERGENCY _____ RELATION _____

PHONE NUMBER OF CONTACT PERSON DAYTIME () _____ EVENING () _____

FAMILY PHYSICIAN _____ PHONE NUMBER () _____

MEDICAL INSURANCE COMPANY _____ PLAN OR GROUP # _____

INSURED ID OR MEMBER # _____ INSURANCE COMPANY PHONE NUMER () _____

It is recommended that you attach a photocopy of your family medical insurance card.

I, _____ being the legal guardian of _____ give my permission to Circle 6 Baptist Camp & Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I, the undersigned do hereby verify that the above information is correct and I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Circle 6 Baptist Camp sponsored activities.

X _____
Required Parent/Legal Guardian Signature **Date** **Phone Number**

AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

CIRCLE SIX BAPTIST CAMP hereinafter referred to as the "Camp" requires a signature for all attendees of the Camp and all participants of any Camp activity including, but not limited to, Challenge/Ropes Course (highs and lows), Rock Climbing Wall, Swimming Pool, Camping, Basketball, Football, Baseball, Softball, Volleyball, Paintball, Horseshoes, Archery, Archery Tag, Rifle Range, Disc Golf, GaGa Ball, Bazooka Ball and any and all other camp and recreational sports and activities. Furthermore this form releases the Camp to photograph and/or use photographs of myself or my child for use in its publications, advertising, promotional purposes, Internet, and/or visual presentations which inform people of the services and activities of Camp. The signature provided confirms Agreement to Attend, Participate, Assumption of Risk, and Release Form in order to attend Camp and to participate in any Camp activity.

Attendance and Activities at Camp may include warm-ups, games, group initiative problems, high and low challenge course, and/or other rigorous physical adventure activities as well as exposure to the elements, exposure to animals, snakes and insects. Camp takes all reasonable precautions to ensure you a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend the Camp and the decision to participate in any Camp activity at any level IS AT ALL TIMES COMPLETELY UP TO THE INDIVIDUAL'S CHOICE and, if there is attendance at the Camp and participation at any level of any Camp activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the Camp's goal to maintain the physical, emotional and social safety of each attendee and participant of the Camp, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at the Camp and participation in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending Camp and participating in any and/or all Camp activities. I understand that each participant must assume the risk of any injury, physical and/or emotional, and any financial responsibility that could result from attending Camp and participating in any Camp Activity. I agree to assume such risks and such responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Circle Six Baptist Camp from any and all claims, physical and emotional, including bodily injury, that I may have that may be sustained in connection with my attending Camp and with my participation in any and/or all Camp activities."

If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet the activities (include name and church/group name on the attached sheet). I understand the directors of CIRCLE SIX BAPTIST CAMP reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the camp, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at all CIRCLE SIX BAPTIST CAMP programs.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____
Required Student Camper's Signature **Date**

X _____
Required Parent/Legal Guardian Signature **Date**
(If Student Camper is 18 years of age or younger)

CSBC has permission to use any photographs/videos of person listed on this form for brochures, videos, advertising, web page or other promotional items. I/we further understand that these photos/videos will only be used for CSBC promotional purposes.

CIRCLE SIX POLICIES

1. Prank supplies are not allowed (i.e. Shaving cream, water balloons, water guns/blasters) in the buildings. Please request Circle 6 approval for use of these supplies outdoors.
2. Adult supervision is required at the pool. At no time is a student to go to the pool without adult supervision.
3. Drugs, alcohol, any form of tobacco, firearms, knives, or any other kind of weapon, or fireworks are NOT allowed.
4. Appropriate Godly dress attire is expected. Casual clothing is acceptable during all activities. Shorts (for boys and girls), skirts and skorts (for girls) should be no shorter than fingertip length. One piece modest swimsuits are requested. Swimsuits should only be worn at the swimming pool. Shoes are required to and from every activity.
5. Please refrain from Public Display of Affection (PDA) with girlfriends/boyfriends.
6. Please refrain from fighting.
7. All snack items must be stored in sealable containers to prevent ants and other insects in the dorms and meeting rooms. Texas Department of Health regulations prohibit cooking in dorms.
8. Guests are not allowed to bring pets on campus. No pets in the dorms, conference center or meeting rooms.
9. Students are to respect all adult leaders and follow their instructions.
10. ONLY adults should bring a cell phone. We want to ensure attention is placed on the students for safety reasons.