

# Caterpillar Application

**SPONSORS:** When completed, please mail this form and a check for \$60.00\* to: Puget Sound Chrysalis Registrar, 16530 Avondale Rd NE, Woodinville, WA 98077

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## Youth's Personal Information:

Youth's First Name \_\_\_\_\_

Youth's Last Name \_\_\_\_\_

Youth's Preferred Name/Nickname (*for the nametag*) \_\_\_\_\_

Youth's Mailing Address \_\_\_\_\_

Youth's City Zip \_\_\_\_\_

Youth's Home Telephone *including Area Code* (\_\_\_\_\_) and Number \_\_\_\_\_

Youth's Email \_\_\_\_\_

Youth's Age \_\_\_\_\_ Youth's Date of Birth // (month/day/year)

Youth's Gender [ ] Male [ ] Female

**PARENTS/GUARDIANS:** If your child is under 18 years of age, we must have your authorization in writing for him or her to participate in a Chrysalis Flight or Journey weekend. Please sign the section on the last page of this form.

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## Youth's Church Experience:

Tell us about the *ministries* or *missions* in which youth has participated. **Use additional paper as needed.**  
*If no experience, write "No Experience"*

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## Tell us about this youth's special talents:

Tell us what hobbies and gifts youth has that he or she really enjoys and wants to share with others for God. **Use additional paper as needed.**

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# Medical Release for Youth:

Is youth in good health and has youth had a physician's physical within the past two years?

Yes  No

Tell us about any medical issues which might affect youth during the weekend. **Use additional paper as needed.** *Please note this will not exclude youth from participating, but it will assist us in being prepared for potential emergencies.*

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Please list medications the youth will be taking during the Chrysalis weekend

Times to give medication:	Thursday	Friday	Saturday	Sunday
Medication: Dosage: Reason for taking:				
Medication: Dosage: Reason for taking:				
Medication: Dosage: Reason for taking:				

Please use an additional page if needed

I give my permission to Puget Sound Chrysalis to give the following medications (or their generic equivalents) to my child, in accordance with the recommended package dosing for the specific indications listed below (please mark all medications that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Tylenol for mild fever or discomforts                | <input type="checkbox"/> Ibuprofen for mild fever or discomforts         |
| <input type="checkbox"/> Antacid for upset stomach                            | <input type="checkbox"/> Anti-diarrhea meds for diarrhea                 |
| <input type="checkbox"/> Benadryl for allergy symptoms                        | <input type="checkbox"/> Sudafed for allergy symptoms                    |
| <input type="checkbox"/> Topical Creams for itching, sunburn, or insect bites | <input type="checkbox"/> Throat Lozenges for coughing and/or sore throat |

Identify any medications that the youth does not/may not take:

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## Youth's Special Diets:

Please tell us about any special foods or diets that youth requires. **Use additional paper as needed.** *This will help the chef prepare foods that are safe for the youth.*

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## Sponsor's Contact Information is required

We need to send important materials about youth's registration. **The following information is required.**

Sponsor's Signature\_\_\_\_\_

Sponsor's First Name\_\_\_\_\_

Sponsor's Last Name\_\_\_\_\_

Sponsor's Mailing Address\_\_\_\_\_

Sponsor's City\_\_\_\_\_ Zip\_\_\_\_\_

Sponsor's Home Telephone *including Area Code* (\_\_\_\_\_) and Number\_\_\_\_\_

Sponsor's Email\_\_\_\_\_

Application Date\_\_\_\_\_

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## Approval by youth's pastor is required

I believe this youth has achieved a level of maturity and understanding of the Holy Spirit and is capable of participating and growing in the Chrysalis weekend. **The following information is required.**

Pastor's Signature\_\_\_\_\_

Print Pastor's Name\_\_\_\_\_

Date\_\_\_\_\_

I am the pastor of church (and denomination *if not part of church name*):

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The church is located at:

Church's Mailing Address\_\_\_\_\_

Church's City\_\_\_\_\_ Zip\_\_\_\_\_

## Parent's approval is required if youth is under 18

I understand the nature and purpose of the Chrysalis weekend and I have read the important note below. I am the parent/guardian of the youth named on this form and hereby give my authorization for his/her participation in the physical, emotional, and spiritual aspects of the Chrysalis weekend. **The following information is required.**

I am the ""parent / ""guardian (*circle one*) of this youth.

Parent/guardian signature \_\_\_\_\_

Print parent/guardian name \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT PARENT/GUARDIAN NOTE:

**By signing this release, you authorize Puget Sound Chrysalis to:**

- 1) To conduct this retreat with youth's participation during any conflicting events, including school (please be aware that this weekend experience lasts from *Thursday night to Sunday afternoon* and youth's participation is required during the entire event). If you feel your youth must leave the retreat location for any reason other than medical, please contact the youth's sponsor to reschedule youth for an alternate retreat weekend date which avoids the conflicts.
- 2) Include *youth's name and church affiliation* in our controlled-circulation newsletter and youth's name (*name only*) on our open-access web site—for the sole purpose of letting our Chrysalis community **pray for your youth** before and during the retreat weekend.
- 3) In compliance with clergy guidelines, information provided by youth during the retreat weekend will be respected as confidential. However, state law requires Puget Sound Chrysalis and its leaders and clergy to report information about abuse to or by youth to appropriate authorities.

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## Sponsors: Mail this application and the required \$60.00\* registration fee right away

If you need assistance with this amount, scholarships are available. Please email [web@pschrysalis.com](mailto:web@pschrysalis.com) to inquire about receiving a scholarship.

When completed, please mail this form and a check for \$60.00\* to:

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\* *Note: Do not send cash or currency through the mail.*