

Please print this form and either mail or email it to the Registrar as soon as you fill out your application.

*****Your Application will not be accepted until this SIGNED form is received!!*****

Under 18:

My/Our child, _____, has my/our permission to attend the chrysalis weekend. In the event of an emergency and I can not be reached by phone, the Chrysalis staff have permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Parent's/Guardian Signature: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Drug Allergies: _____

Over 18:

I, _____, intend to participate in the Chrysalis weekend. In the event of an emergency and my emergency contacts cannot be reached by phone, the Chrysalis staff have permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my well-being.

Participant Signature: _____ Phone: _____

Insurance Company: _____ Policy No: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Drug Allergies: _____

Mail To:
Rebecca Ferguson, Registrar
211 Forestside Circle
Americus, GA 31709
229-938-3916

(or) Scan and Email To: chrysalisregistrar@live.com
Legible photos of the completed form are acceptable