

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

*****YOUR APPLICATION WILL NOT BE ACCEPTED UNTIL
THIS **SIGNED** FORM IS RECEIVED!!*****

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 has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Insurance Company: _____ Policy No: _____

Parent's/Guardian Signature: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Mail To:

Jean Dunn, Registrar

512 Carter Fish Pond Rd

Plains, GA 31780

229-942-8379