

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:

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