

Chrysalis Arts Ministries

PARTICIPANT REGISTRATION FORM

September 11, 2021 – November 15, 2021

Participant Information

Name, First:

Last:

Birthdate:

Gender:

Address:

City/State/Zip:

Contact Information

Emergency contacts should be people who can legally consent to medical care for this participant.

Home Phone#

Parent or Adult Participant Cell Phone#

Emergency Contact 1:

Emergency#

Emergency Contact 2:

Emergency#

Parent/Adult Email:

Parent/Adult Email 2:

Student Email:

I Heard About Chrysalis From:

By signing below, I certify the following:

The participant agrees to participate in Chrysalis activities from September 11th to November 15th, 2021.

The participant agrees to follow staff instructions and to be a positive participant.

All of the information I have provided is accurate and up-to-date. If any of this information changes, I agree to notify Chrysalis immediately.

SIGNED BY:

Name (Parent Or Adult Participant):

Signature:

Date: