

Search for Christian Maturity #115 New Searcher Application

(A youth may only be a New Searcher one time.)

(March 14-16, 2008)

Camp Westminster, Conyers

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTH DATE _____ AGE _____

SCHOOL _____ GRADE _____ MALE / FEMALE _____

PARISH _____ E-MAIL ADDRESS _____

I have had the following retreat experiences: _____

Three adjectives that describe me are: _____

I describe my spiritual life as: _____

I am involved in my parish in these ways: _____

I am involved in my community in these ways: _____

Pastor/Youth Minister Comments: _____

Signature of Pastor or Youth Minister (Mandatory) _____

Application Deadline: March 1, 2008 ***Please attach a picture of yourself to this application!***

Application Fee: \$80.00 - **MUST** accompany application - Make payable to the Archdiocese of Atlanta
(APPLICATION FEE IS NON-REFUNDABLE / NON-TRANSFERABLE)

Questions?? Contact Barb Garvin, Director of Youth Ministry, at 404 885-7231
or Martha Robert, SEARCH Coordinator, at mrobert@stjudeatlanta.net

Mail application to: Barb Garvin, Director, Office of Youth Ministry - Archdiocese of Atlanta
680 West Peachtree Street Atlanta, Ga. 30308

Application and Fee MUST be received at the above address by deadline to be considered!

Reverse side of this form MUST be completed!

Parental Consent and Emergency Medical Release

I/We the parent(s) of: _____
do hereby give my/our approval for him/her to participate with the **Search for Christian Maturity #115 (March 14-16, 2008)** program that is sponsored by the Archdiocese of Atlanta. I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone these weekends, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I also give my permission to seek emergency care if an injury or accident should occur.

Parent or Guardian Signature (Mandatory): _____ **Date:** _____

Address: _____

Phone: _____

In Emergency, Notify: _____ **Phone:** _____ **Relation:** _____

Insurance Carrier: _____ **Policy Number:** _____

My child is allergic to: _____

Please list all medications being taken with dosage and reason medication is taken: _____

Please list any medical or physical conditions or information that will help us in ministering to your youth this weekend: _____

Date of last Tetanus Booster: _____

Code of Conduct Contract

I will participate fully in, and abide by the rules and regulations set for at, all of the activities surrounding the **Search for Christian Maturity 115 program**. I will arrive on time Friday (by 7:30 p.m.), and follow the schedule of the weekend as directed.

I take full responsibility for any physical property damage that I may cause during any part of the weekend.

I understand there is no drugs, no alcohol or under age smoking permitted. If I fail to abide by these rules and the other guidelines set forth by the Team, I understand that my parent/guardian will be notified and I will be sent home.

Student's Signature: _____ **Date:** _____

PERSONAL VEHICLE INFORMATION

I **WILL** or **WILL NOT** be arriving in my personal vehicle. I understand, and agree, that there will be no access to personal vehicles once the program starts on Friday evening, until I am ready for packing on Sunday afternoon.

Vehicle Make _____ **License Plate Number:** _____

Student's Signature: _____ **Date:** _____