

Search for Christian Maturity #115 Team Application (High School Students Only)

March 14-16, 2008 Camp Westminster, Conyers

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTH DATE _____ AGE _____

SCHOOL _____ GRADE _____

PARISH _____ E-MAIL ADDRESS _____

I made Search # _____ Date: _____

I have participated as a Team member on the following Searches (include Responsibilities)

My spiritual life has grown or changed since I made the Search Retreat in the following ways:

How do you serve your parish:

Tell us about how you are living our your Catholic faith:

Being on team is a call to discipleship and service, why do you feel you are called to this ministry: (use additional sheet if necessary)

Application Deadline: Feb. 22, 2008 ***Please attach a picture of yourself to this application!***

Application Fee: \$55.00 - MUST accompany application - Make payable to the Archdiocese of Atlanta
(APPLICATION FEE IS NON-REFUNDABLE / NON-TRANSFERABLE After Feb. 22, 2008, youth not selected for team will have their checks returned by March 1st)

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

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

Application must be received in Youth Office by deadline to be considered for the Search Team.

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 know my teen must be present for Team Training in order to participate in the retreat weekend (March 8, 2008) 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: _____

I am 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 this *Search for Christian Maturity Retreat*. I will arrive on time Friday (by 5:30 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, I understand that my parents will be notified and I will be asked to leave the premises immediately. I understand that the purpose of this weekend is to be of service to the Search ministry and to assist in any way deemed necessary.

I know I must be present for Team Training (March 8, 2008) in order to participate in the SEARCH weekend. The location of Team Training will be announced when team is selected.. ***Any team member that misses more than 10% (2 hours) of team training will be removed from the team and no refund will be given.***

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 during team training or once the retreat starts on Friday evening, until I am ready for packing on Sunday afternoon.

Applicant's Signature: _____ Date: _____

Signature of Pastor or Youth Minister (Mandatory) _____

Pastor/Youth Minister Comments: (Please add additional sheet if necessary) _____