

# Search for Christian Maturity #120

## New Searcher Application

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

(Oct 29-31, 2010) 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) \_\_\_\_\_

**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 the SEARCH Coordinators (Rob Montepare, Jessica Robson, or Adam Shields)**  
at [searchatlanta@gmail.com](mailto:searchatlanta@gmail.com). You are strongly encouraged to get your application in earlier rather than later.  
Please follow up with [searchatlanta@gmail.com](mailto:searchatlanta@gmail.com) to see what the status your application.

**Mail application to: Youth Ministry - Archdiocese of Atlanta**  
680 West Peachtree Street Atlanta, Ga. 30308

**Application and Fee MUST be received at the above address 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 #120 (Oct 29-31, 2010)** 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:** \_\_\_\_\_ **Parent Email Address:** \_\_\_\_\_

**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 #120** 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:** \_\_\_\_\_