

# Search for Christian Maturity #120 TEAM Application for high school youth

October 29<sup>th</sup>-31<sup>st</sup>, 2010 Camp Westminster, Conyers

PLEASE CLEARLY COMPLETE ENTIRE FORM. ATTACH EXTRA SHEETS IF NEEDED TO THOROUGHLY COMPLETE QUESTIONS.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARISH \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

By initially here, I understand that this form must be fully completed to be considered as a potential team member for this specific retreat. I also understand that I may not be selected to serve on team for this particular retreat: \_\_\_\_\_

I have participated on Team at the following SEARCH retreat weekends (include responsibilities):

\_\_\_\_\_

How did the SEARCH retreat influence your personal relationship with Christ?

\_\_\_\_\_

Currently, are you regularly involved with your youth group and to what capacity do you serve your Parish?

\_\_\_\_\_

Describe leadership roles that you have held in the past and what gifts you could bring to the Search weekend:

\_\_\_\_\_

Are you faithfully practicing the teachings of the Catholic Church? How are you personally living out this faith journey?:

\_\_\_\_\_

Why do you believe you should serve on this particular Search retreat team? (Please use a separate sheet to answer)

**Application Deadline:** October 11<sup>th</sup>, 2010 ***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 After October 11th, 2010)

**Questions:** Contact Search Coordinators at 678-462-6135 or SearchAtlanta@gmail.com

**Mail Application/Fee to:** SEARCH RETREAT/Office of Formation and Discipleship,  
Archdiocese of Atlanta, 680 West Peachtree St. NW, Atlanta, GA 30308-1984

**Fax application to:** 404-885-7473 (please follow up by mailing original as well)

**Application(s) will automatically be rejected if not received by deadline**

# 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 (October 29-31, 2010) 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 (October 23, 2010) 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: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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 (October 23, 2010) 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 (circle one)

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: (Is this young person actively participating? Please add additional sheet if necessary) \_\_\_\_\_