

**CHOOSE YOUR SEARCH WEEKEND:** checks made payable to SEARCH  
\_\_\_\_\_ December 7-9, 2018 - \$155  
\_\_\_\_\_ March 15-17, 2019 - \$155

Office Use only: Rec'd _____ Ck. # _____
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**SEARCH**  
**HEALTH INFORMATION, CONSENT TO TREAT & RELEASE OF LIABILITY**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ GENDER \_\_\_\_\_  
Candidate's Name

PARENT EMAIL \_\_\_\_\_  
*(Retreat information will be sent to this email address) PRINT CLEARLY*

CANDIDATE EMAIL \_\_\_\_\_ CANDIDATE CELL # \_\_\_\_\_  
*(Retreat information will be sent to this email address) PRINT CLEARLY*

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

Name candidate wishes to be called on the weekend \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Telephone numbers where parent/guardian can be reached in case of an emergency during this event:

Parent Primary Cell/Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Identification # \_\_\_\_\_

Existing medical problems, if any \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Is the candidate currently under the care of a doctor, psychologist or psychiatrist? (please explain)  
\_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_ Allergies to Drugs or Food(s):(describe) \_\_\_\_\_  
\_\_\_\_\_

Does the candidate have any special dietary needs or restrictions?  
\_\_\_\_\_

Special Medications or other pertinent medical information:  
\_\_\_\_\_  
\_\_\_\_\_

**1. SIGN  
HERE**

\_\_\_\_\_  
Parent/Guardian's Signature

## HEALTH INFORMATION, CONSENT TO TREAT & RELEASE OF LIABILITY (Continued)

I/we request that my/our son/daughter attend the SEARCH Retreat under the auspices of Resurrection, St. Matthew the Apostle & St. Therese Parishes to be held at the Sacred Heart Center, Newton on: **(circle one) December 7-9, 2018 or March 15-17, 2019.**

I/we have read the foregoing Health Information/Consent to Treat Form/Release of Liability and the answers are all correct. I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of Resurrection, St. Matthew the Apostle & St. Therese Parishes to act on my/our behalf and approve appropriate treatment.

**Release of Liability:** In consideration of Resurrection, St. Matthew the Apostle & St. Therese Parishes accepting my/our son's/daughter's registration for this event, I/we release, hold harmless and discharge Resurrection, St. Matthew the Apostle & St. Therese Parishes, their officers, Trustees, employees, agents and affiliates, as well as the Roman Catholic Diocese of Paterson and Bishop Arthur J. Serratelli, S.T.D., S.S.L., D.D. and/or his successor, as well as any and all agents and/or employees of the Roman Catholic Diocese of Paterson from any and against all liability, claim, loss, damage, cost or expense including counsel fees remitting from any and all claims for bodily injury and/or property damage and I/we further waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense as already set forth.

**2. SIGN  
HERE**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian-indicate which and if guardian, give details

\_\_\_\_\_  
Applicant's signature (if 18 years of age or over)

### Photo Release:

I give my permission for my son/daughter's photo to be taken during SEARCH program events. I understand that these photos may be used in a display inside church property and/or posted on the parish website. I may withdraw my consent at any time by submitting such request in writing to the Youth Minister.

\_\_\_\_\_ (Permission Denied if initialed)

### Code of Behavior

**This Code is a way to help participants understand what is expected of them in order for this retreat to be a positive experience. Please read it carefully. Both parent and student must sign in order to participate.**

- Participants are expected to attend the entire weekend. Name tags must be worn at all times.
- Socializing should take place only in the designated public area of the facility. No visiting is allowed in the sleeping area occupied by the opposite sex.
- Each day will be a busy one - sleep is a necessity! Participants must be in their rooms by lights-out time and noise in sleeping areas must be kept to a minimum.
- The possession or consumption of alcohol or drugs by participants will result in immediate dismissal. Parents will be immediately contacted to pick up their son or daughter no matter the time of day.

**3. SIGN  
HERE**

\_\_\_\_\_ **CANDIDATE SIGNATURE** \_\_\_\_\_ **Date**

\_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date**