

SEARCH APPLICATION FORM 2010-2011

Please circle the date you wish to make SEARCH

September 24-26

November 5-7

December 3-5

January 7-9

February 4-6

February 25-27

April 1-3

April 15-17

This application is an expression of your desire to participate in the Search program. Please fill in the application below and return it, with the \$75.00 fee, to the Diocesan Youth Office, 2011 West End Avenue, Nashville, TN 37203. The \$75.00 fee covers all the weekend expenses. There are a limited number of spaces available, so get your application in early. Please make checks payable to Diocese of Nashville.

SEARCH is not a retreat set up to correct your character, morals, emotions or shaky school or family life situations. SEARCH is a process of helping you reach your potential to influence others in a Christian way and to give you a personal encounter with Christ. SEARCH, hopefully, gives you the desire and tools to bring Christ into your own environment and to share Him with those around you. SEARCH is only available to juniors and seniors.

Last Name _____ First Name _____

Name you like to be called _____ Sex _____

Address _____ City _____

Zip _____ Personal Email _____ Grade 11 12

Home Phone # _____ Cell Phone _____

Parish _____ School _____

Mother's Name _____ Work Phone # _____

Home Address _____ Home Phone # _____

Father's Name _____ Work Phone # _____

Home Address _____ Home Phone # _____

Below please list any parish, school, or other organizations you belong to, and offices you hold in them.

Below please list any hobbies, talents, and other special interests.

How or from whom did you hear about SEARCH?

All the Searches will be held at Camp Marymount in Fairview, TN. A map will be sent with an acceptance letter.

(please fill out both sides)

Catholic Youth Office
Parental Consent Form

Activity **SEARCH**

Name of Minor _____ Date of Birth _____

Medical Information:

Allergic Reactions _____

Present Medications _____

Date of last Tetanus _____

Past illness or other information useful in treatment: _____

Emergency contact if Parent is unavailable: _____

Phone (home) _____ (work) _____

Any other numbers: _____

Permission statement:

I give permission to the adult leaders to give my child **non-prescription** medications such as cough drops, Tylenol etc.

signed: (Parent or Legal Guardian)

I grant permission to the adult leaders to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached I hereby give my consent to such treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).

signed: (Parent or Legal Guardian)

Further, I release the Diocese of Nashville, staff and leaders from any claims connected with participation of said minor in this event.

signed: (parent or Legal Guardian)

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<http://cyonashville.com>