



Central Coast Teen Search #24

For Christian Community

Under the guidance of St. Patrick's Catholic Church

April 23-25, 2010

United Methodist Camp

250 Wesley, Arroyo Grande

RETREATANT APPLICATION

Teen Search Retreat is an overnight weekend retreat starting on Friday evening at 7:00 p.m. through Sunday, 4:00 p.m. The event will be held at the United Methodist Camp of Arroyo Grande, California. Due to limited parking space, teens should carpool or parents should drop off and pick up their **TEEN**.

Please print all information legibly

Name: _____ Age: _____ Male Female

Street Address: _____ City/State/Zip _____

Phone: (____) _____ Date of Birth: ____/____/____ School/Occupation _____

Religious Preference: _____ Parish or Church _____

Name of Sponsor: _____ Telephone # _____

How did you hear about TEEN Search? _____

Why do you want to attend the Retreat? _____

Do you have any special interests or talents? _____

If you have a special diet, condition, or need, please explain? _____

T-shirt Size (Adult sizes) Small Medium Large X-Large

SEARCH IS NOT RESPONSIBLE FOR LOST OR STOLEN ARTICLES

The cost of the Retreat is **\$85.00**

Retreatant's Signature _____ Date: _____

Parent's Signature: _____ Date: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM!!

<i>PC Use Only:</i>	Cash/Check	Amt. Paid _____	Scholarship _____
Date Rec'd _____	Ck. from: Sponsor _____	Retreatant _____	Other _____

EMERGENCY/MEDICAL INFORMATION

Persons to Notify. Please fill out completely:

Father's Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Mothers Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Other Contact Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

INSURANCE: Name of Company _____ Group ID # _____

Child's Doctor: _____ Phone: () _____

Child's Dentist: _____ Phone: () _____

Child's Orthodontist: _____ Phone: () _____

1. Is your child taking prescribed medication that you would like inform us about? If Yes, please provide the name of the medication and the condition for which your child is being treated:

2. My child is allergic to the following: _____

If you are a diabetic or have special medical needs, please attach your medication/meal schedule so we may accommodate you on the weekend.

My child may may not receive necessary first aid,
My child may may not be admitted to a hospital in case of an emergency.
My child may may not receive medical attention by a licensed physician.

To the Parent/Legal Guardian: This is an agreement releasing St Patrick's Catholic Church from any claims that the parents/guardians may have against the St Patrick's Catholic Church before, during, and after the "Event" identified on the reverse side of this form. This form is an authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should "arise".

This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A SOLE CORPORATION, also known as the DIOCESE OF MONTEREY, ST. PATRICK'S CATHOLIC CHURCH, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY. Also, the Teen Search Retreat will be referred to as the EVENT throughout this document.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor has been entrusted, to consent to and permit any and all necessary medical services for my child to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, or to consent to and permit any x-ray examinations, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child by a dentist licensed under the provisions of the Dental Practice Act.

I agree if medical services are required for my child, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required by my son/daughter. This authorization shall be in effect during the entire time that my child is under the supervision of the diocese for the above mentioned event and shall remain effective until the minor returns from the event and is no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the EVENT for my child's own personal enjoyment and is done so freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with knowledge of its significance.

I have discussed the above with my child and he/she is aware of and understands the importance of following all rules set out by the Teen SEARCH Staff.

Signature of Parent/Guardian: _____ Date: _____



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Parent & Teen Agreement for "Retreatants"

THE FEE FOR THE TEEN SEARCH RETREAT IS **\$85.00** PER TEEN FOR:
ROOM, BOARD, MEALS, T-SHIRT, AND SUPPLIES.

Please fill out the application and permission slip and return them with your **\$85.00** payment. Spots will be filled on a first come first serve basis. If you have extenuating circumstances regarding the fee, please contact the advisors **Doug & Gail Speer 349-7207.**

1. Arrival time at camp will be 7:00 p.m. Please car pool or have parents drop off since parking is limited. Once the teens arrive, they will not be allowed to leave other than for medical emergencies.
2. Please bring, Sleeping bag, Pillow, Towels, Personal Toiletries, Comfortable Clothes, Pajamas, Sweatshirt &/or Jacket.
3. Absolutely **no drugs or alcohol permitted, including cigarettes and chewing tobacco.** Please **leave all CD, iPOD and MP3 players, Watches, Cell Phones, Pagers and Camera at home.** We are on God's time. If a teen arrives with any of these items, they will be taken upon arrival and returned at departure.
4. Teens agree to behave respectfully toward other Retreatants, Search Team Members (adults and teens), and also agree to respect the camp facility
5. Pick up time will be at 4:00 p.m. on Sunday.
6. Teens and parents agree to read and abide by the rules.

Any teens that fail to comply by these rules will be immediately asked to leave. Parents will be notified and asked to pick up their teen. Parents/legal Guardian, please keep above portion for your record. Any questions call the advisors **Doug & Gail Speer 349-7207.**

We have received, read, and understood the teen search retreat, parent, and teen agreement. By signing and returning this form, I/We agree to abide by all of the conditions.

Please sign this form and return along with your application.

Print Name of Parent/Guardian

Signature of Parent/Legal Guardian

Date

Print Name of Teen/Retreatant

Signature of Teen/Retreatant

Date