NEW SEARCHER REGISTRATION
Search #196 High School Retreat (grades 9th – 12th)  May 1-3, 2020

I ask on behalf of those who will believe in me through their word, that they may all be one. As you, Father, are in me and I am in you, may they also be in us, so that the world may believe… (John 17:20)

You are invited to experience Jesus and His Gospel message of love in a powerful way. As baptized Catholics, we are called to renewal. We are called to discover our gifts. As we search for meaning, understanding and community, we pray for an outpouring of the Holy Spirit this retreat. Come join your peers and allow our Lord’s love to give you purpose and clarity in life. You are a precious child of God. You are loved!

New Searchers arrive Friday, May 1st at 7pm (eat dinner prior to arrival). Concludes on Sunday, May 3rd with approx. 3:00 pm Mass. Place: Camp Christopher (1930 N. Hametown Rd., Bath, Ohio).

Take I-77 to Ghent Rd exit. Turn left onto Cleveland Massillon Rd and go north about 2 miles. Turn left on Ira Rd. Camp Christopher is located where Hametown Rd and Ira Rd intersect. Note: if you put Camp Christopher in GPS it may direct you to the admin office on Biruta Rd Akron by mistake.

Fee for Search #196: $80.00 - Multiple siblings involved? Family rate (2 or more) $125. Fee payable to Youth and Young Adult Ministry Office by Monday April 20, 2020.

Are you in need of financial assistance? Serve with the young people on the retreat team. Your child’s registration fee will be waived if parent volunteers at retreat team meetings and retreat weekend. Discount rate - $65 if parent serves during retreat weekend in various chaperone roles (see volunteer sheet). Contact Jackie, Search Program Director for additional information. Please mail check and signed forms to:

Youth and Young Adult Ministry Office
1404 East Ninth Street
Cleveland, OH 44114
Attn: Search #196 Retreat

Questions can be directed to Jackie Vigneault, Youth & Young Adult Ministry Search Program Director at 216-696-6525 X2333 office or email Jackie at: jvigneault@dioceseofcleveland.org

During Search 196 retreat weekend contact Jackie in case of emergencies at 330-416-2712 cell

*please keep this sheet for your reference
The following are the rules/commandments for the retreat weekend

ALL PARTICIPANTS ARE REQUIRED TO OBEY ALL THE RULES & COMMANDMENTS FOR THE WEEKEND.

Please make sure you understand and agree to follow the rules before you submit your registration!

**Search Commandments**

1. I will come with an open heart and open mind to Christ’s presence this weekend.
2. Any special dietary needs must be noted on this medical form and brought to the immediate attention of the Youth Ministry Team.
3. Casual clothes, with modesty and the Gospel in mind, are appropriate for all Search events.
4. Bring your own bedding (pillow, blanket, sleeping bag), personal items, towels, and toilet articles. Please bring your bible.
5. Please no cell phones or other media devices during retreat. These will stay in cabins for emergency use only.
6. Alcoholic beverages, illegal drugs or weapons are forbidden. Parents will be contacted if anyone possesses these items. No tolerance policy...you will be sent home.
7. You are expected to respect and follow directions that are given by Team members and Program Director.
8. All injuries and other concerns should be reported immediately to one of the adult Team members.
9. The Program Director will handle all incoming emergency calls and situations.
10. You are expected to attend all sessions and activities and be on time.
11. Food, snacks and beverages are to be kept in the dining room area unless Kitchen Staff makes arrangements with Program Director.
12. At Camp, males and females will be assigned to separate areas of the camp grounds. No one is permitted to be in the sleeping areas of the opposite sex.
12. Clean up is everyone’s responsibility and your personal responsibility.
13. There is to be no Public Display of Affection (PDA) at any time.
14. New Searchers-please eat dinner prior to arriving at camp on Friday. Snack will be served late in the evening.

**IF YOU CANNOT FOLLOW ANY OF THESE COMMANDMENTS THERE WILL FIRST BE A CALL HOME AND THEN A TRIP HOME!**
SEARCH #196 New Searcher REGISTRATION – Deadline April 20, 2020

Participant’s Name: ____________________________________________

Address: ______________________________________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Home Phone No.: ___________________________ Retreatant’s Cell: ___________________________

Retreatant’s Email Address: ______________________________________

Gender: __________ Age: ________ Date of Birth: ________________

School: ___________________________ Grade: ___________________________

Parish or Church: _______________________________________________

Youth Minister: ___________________________ Pastor: ___________________________

Fee enclosed: $80.00 $65 (if parent providing nighttime supervision – see volunteer sheet)

Please indicate T-shirt size: _____ Sm _____ M _____ Lg _____ XL _____ XXL _____ Other _________
(Note: Only registrations received by Apr 15th are guaranteed their requested t-shirt size. Afterwards, will do best we can.)

Parent or Guardian Contact Information (in the event of Emergency)

Name(s): ______________________________________________________

Parent(s) Email Address: _______________________________________

Phone Number of Parent/Guardian (during retreat weekend):___________

EMERGENCY AUTHORIZATION AND RELEASE FOR TREATMENT

This authorization enables guardians to authorize the provision of emergency treatment for the participant who becomes seriously ill or injured under the authority of Youth and Young Adult Ministry Office, Diocese of Cleveland when guardians cannot be reached. This must be signed in order for your child to attend the Search Retreat.

I, acting as the legal guardian of: ___________________________ grant consent for Youth and Young Adult Ministry Office to seek medical treatment for him/her in the case of illness or accident from the closest and most appropriate Medical practitioner or hospital available. This authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery, are obtained for the performance of such surgery. Any and all information concerning the above named child’s history including allergies, medications and physical impairments, has been reported in these registration forms. In the event of an emergency, I authorize Youth and Young Adult Ministry Office to share the completed registration information packet with persons related to the treatment of the above named program member. I understand that Youth and Young Adult Ministry Office will make reasonable efforts to contact me or the listed emergency contacts in the case that medical attention will become necessary.

Parent Signature (or 18yrs): ___________________________ Date: ___________
VIDEO/PHOTO RELEASE

I hereby give my consent to Youth and Young Adult Ministry Office to videotape/photograph my child and without limitation, to use such pictures and or stories in connection with any of the work of Youth and Young Adult Ministry Office without consideration of any kind, and I do hereby release Youth and Young Adult Ministry Office from any and all claims whatsoever which may arise in said regard. *It is not necessary for you to sign this Video/Photo release in order for child to attend the program. However, it would be to our convenience and assist us in promoting YOUTH MINISTRY, if you would sign it.

Parent Signature (or 18 yrs): ___________________________ Date: ______________________

WAIVER OF LIABILITY

I understand that all activities have certain risks and could result in injury to the child I am enrolling. I waive all claims against Youth and Young Adult Ministry Office and the Diocese of Cleveland for any and all causes arising out of the activities of the programs of Youth and Young Adult Ministry.

Parent Signature (or 18 yrs): ___________________________ Date: ______________________

MEDICAL INFORMATION

Health Insurance Carrier: ________________________________

Name of Policyholder: ________________________________

Member Number: ___________________________ Group No. ______________________

My Child’s Birth Date: ________________________________

Permission to administer over-the-counter medicine: Please check that which applies.

_____ I do not give permission

_____ I do give permission to the program director to give my child over-the-counter medicine

1. For headache, you may give my child: _____Tylenol (acetaminophen) or _____Asprin or _____Advil (ibuprofen) or _____ Other (please list) __________________________.

2. For upset stomach, you may give my child: _____Pepto Bismol or _____Kaopectate or _____Mylanta or _____ Other (please list): __________________________.

The following includes any allergies, especially food allergies, my child may have, any medication my child may be taking, and any other facts to which a physician or dentist should be alerted:

I fully understand what is involved in this experience and the foregoing form, and I understand I have the opportunity to call the Youth and Young Adult Ministry Office at (216-696-6525 ext.2333 with any questions I may have.

Parent Signature (or 18 yrs): ___________________________ Date: ______________________

I have read the Search Retreat Commandments and hereby agree to keep them throughout my time at the Search Weekend.

Retreatant Signature: ___________________________ Date: ______________________
Parents, we need your help!                                           

Volunteering is a great way to learn about the Search program. The Search retreat is a big undertaking and many hands needed to make the weekend a reality for our young people. Below are some of the many ways in which you can lend a hand. We are grateful for any gifts that you can bring to the program. Please return this completed form with your child’s registration and payment. Thanks for helping out! You will receive confirmation and additional details. Contact Jackie at 330-416-2712 for questions or cancellations.

Name:  
Phone:  
Email:  

I have been VIRTUS trained □yes □no  Please submit copy of your online completion certificate.  
(Note: all overnight camp helpers must be VIRTUS compliant. Training provided through your parish.)

Adult Volunteers: Please place a check mark next to the areas where you can help!

_____ Saturday (May 2)  7pm-10pm  Help with Reconciliation Service (set up, greet priests, guide teens)
_____ Sunday (May 3)  2:30pm Set up for closing liturgy (altar area, prepare liturgical supplies)  
Note: Closing Mass will be approx. 3:00pm.
_____ Sunday (May 3)  4:00pm After Mass and Social - Clean-up Committee (help team clean camp)

_____ Provide baked goods for the participants to enjoy during the retreat. Drop off on Friday, May 1st.

Overnight Supervision/Camp Walker:
Sleep overnight in the counselor’s quarters of a youth cabin for additional security and supervision purposes. Two adults of the same gender will be placed in each male and female cabin. Walkers patrol the camp. Discount on your child’s registration fee will be applied if you help in this way.

_____ Friday 11:30 p.m. – 7:00 a.m. (cabin)  _____ Friday Night Camp Walker 11:30pm to 3:00am
_____ Saturday 11:30 p.m. – 7:00 a.m. (cabin)  _____ Saturday Night Camp Walker 11:30pm-3:00am

G.I.F.T. (Growing In Faith Together): Invite you and your family to join the team prayer warriors:
_____ Join Search team members, former Searchers, families and friends for prayer Friday, May 1st at 7pm upon dropping off your child. Place: Camp Christopher (GIFT Chapel)
_____ Offer prayers at home and/or family outreach of your choice throughout the weekend for the new Searchers and Retreat Team

Search Reunion Mass & Social: Sunday, May 17 (Place: TBA)
_____ Help chaperone, set-up, and clean-up at the reunion. (Time Approx. noon-2:30pm)

Contribute to Financial Aid /Provide a Donation
_____ I am willing to help financially by giving $_______ to go toward financial aid of young person’s registration fee for this Search weekend. Please submit with child’s registration form.

_____ I would like to donate gift cards to Pat Catans, Michaels, JoAnn Fabrics, Gordon Food Services, Sam’s Club, or another grocery store, bakery or Craft store. Please submit with child’s registration form.

_____ Other ways I would like to contribute. Please list: