Who is Search For? Are you searching to find meaning in life? Do you want to understand God more authentically? All High school teens (grades 9th – 12th) who are interested in experiencing the Catholic faith in a dynamic way and grow in their faith…we invite you to join us!! Open to past searchers or new searchers. Revised Fall schedule of only one overnight.

Why are Search Weekends held? To help young people enter into a deeper relationship with Jesus Christ. To develop a fuller understanding of God and His Church. To encourage young people to assume a leadership role in their local and parish communities.

How do I sign up for a Search Weekend?

- Begins 9:30am Saturday October 26, 2019 - Sunday October 27, 2019 ending with approx. 3pm Mass
- Place: Inspiration Hills – 4819 West Easton Rd, SR 604 – Burbank, OH 44214

Note: your GPS may stop you at bottom of hill on W. Easton/604 and tell you to walk…ignore…camp is up the hill on the right.

To attend Search #195, you need to...

1. Fill out the Registration and Medical information forms and Parent Volunteer sheet completely.
2. Return the forms along with the $60.00 registration fee by Thursday, October 17, 2019 payable to:

   Youth and Young Adult Ministry Office - Attn: Search #195
   795 Russell Ave
   Akron, OH 44307-1104

Discount is available if your parent provides general help, overnight supervision or nighttime walking during the retreat weekend. Full registration discount is available if parent participates on the retreat team beginning Thursday, September 19, 2019 (weekly meetings from 6:30-9pm at Akron office). Contact Jackie for adult team application and for further details. Adult help is greatly needed!

Questions can be directed to Jackie Vigneault, Youth & Young Adult Ministry Specialist 330-379-3636 ext-15 office or cell 330-416-2712 or email jvigneault@ccdocle.org

*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 social media devices…therefore I will not be texting during the weekend.
6. Alcoholic beverages, tobacco products, illegal drugs or weapons are forbidden. Parents will be contacted if anyone possesses these items.
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. Contact Jackie during weekend at 330-416-2712
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 main meeting room area unless Camp staff makes other arrangements with Program Director.
12. At Camp, males and females will be assigned to separate areas of the camp lodge. No one is permitted to be in the sleeping areas of the opposite sex.
13. Clean up is everyone’s responsibility and your personal responsibility.
14. There is to be no Public Display of Affection (PDA) at any time.

**IF YOU CANNOT FOLLOW ANY OF THESE COMMANDMENTS THERE WILL FIRST BE A CALL HOME AND THEN A TRIP HOME!**

*please keep this sheet for your reference*
SEARCH WEEKEND #195 REGISTRATION FORM

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: $60.00 (Family max: $100) $50 (discount if parent providing help – see volunteer sheet)

Please indicate T-shirt size: _____Sm _____M _____Lg _____XL _____XXL (All attempts will be made to order shirt size you request if submitted after Oct. 14th).

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

Name(s): 

Parent(s) Email Address: 

Phone Number of Parent/Guardian in the event of an emergency: 

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

New Searcher/Retreatant Signature: Date: 

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 when guardians cannot be reached. 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, Diocese of Cleveland 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 the Diocese of Cleveland Youth and Young Adult Ministry Offices 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 Offices without consideration of any kind, and I do hereby release Youth and Young Adult Ministry Offices 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 and PERMISSION**
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. I fully understand what is involved in this experience and the foregoing form, and I give permission for my child to participate. I understand I have the opportunity to call the Youth and Young Adult Ministry Office at (330) 379-3636 ext.15 with any questions I may have.

Parent Signature (or 18yrs): ____________________________ 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: ________________________________

2. For upset stomach, you may give my child: ___________________________

3. Other medicine: ________________________________

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:
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 are needed to make the weekend a reality for our youth. 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 by Oct. 17th. Thanks for helping out!

Name: __________________________________________ Phone: __________________________

Email:___________________________________________

I have been VIRTUS trained □yes □no Only needed if overnight help or with young people over 4 hours

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

_____ Sunday (Oct 27) 2:30pm Set up for closing liturgy (altar area, prepare liturgical supplies)
     Note: Closing Mass will be approx. 3pm. Social to follow

_____ Sunday (Oct 27) 3:00pm Provide bakery for social following Mass

_____ Sunday (Oct 27) Clean up Committee (help teen leaders clean camp after Mass)

_____ Provide baked goods for the participants to enjoy during the retreat. Drop off on Saturday morning.

Additional help (registration discounts)
Sleep overnight for additional security and supervision purposes. Walkers patrol the camp. Saturday, October 26th. Discount on your child’s registration fee will be applied if you help in this way. Virtus trained volunteers required for overnight chaperones.

_____ Saturday 6pm-10:00pm Reconciliation Service (set up, greet priests, guide teens)

_____ Saturday 9am – 1pm or 1 – 5pm Parent volunteer help on variety of tasks

_____ Saturday 11:30 p.m. – 7:00 a.m. Overnight chaperone in cabin area

_____ Saturday 10:30pm - 2:30am Night Camp Walker

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 Saturday, Oct 26 at 9:30am upon dropping off your child. Place: Chapel at Inspiration Hills

— Offer prayers at home and/or family outreach of your choice throughout the weekend for the Searchers and Retreat Team

Search Reunion Mass & Social: Sunday, Nov. 3, 2019 (Place: TBA)

— Help chaperone, set-up, and clean-up meal station 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. Return with this form by Oct. 17th.

____ I would like to donate gift cards such as Michaels, JoAnn Fabrics, Gordon Food Services, Sam’s Club, or another grocery store, bakery or Craft store. Submit by Oct. 17th

____ Other ways I would like to contribute. Please list: _______________________________________________________________