

CHATTANOOGA SEARCH PROGRAM



This application is an expression of your desire to make a SEARCH weekend.

Cost: \$100.00

This covers all expenses for the weekend. Make checks payable to **Diocese of Knoxville**.

If you require financial assistance, contact Irene Scoggins. Mobile: (423) 596-0053.

Where: St. Therese of Lisieux Catholic Church, 900 Clingan Ridge Drive NW Cleveland, TN

***Reservations taken on a **“first come, first served”** basis. Please return application on or before the deadline so the team will have enough time to prepare and purchase any necessary supplies.

____ **September 26 – 28, 2025** (Application deadline: September 12, 2025)

____ **November 14 - 16, 2025** (Application deadline: October 31, 2025)

____ **February 27 - March 1, 2026** (Application deadline: February 11, 2026)

Each weekend begins between 6:30 - 7:00 PM on Friday and concludes at 5:30 PM on Sunday.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Youth Phone: (____) _____ Youth e-mail: _____ @ _____

Gender: M F School: _____ Class of: _____

Parish/Church: _____ Religion: _____

Mother's Information:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: (____) _____

E-mail _____ @ _____

Father's Information:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: (____) _____

E-mail _____ @ _____

Send the completed application and payment to:

Irene Scoggins

St. Jude Catholic Church
930 Ashland Terrace
Chattanooga, TN 37415

Phone: (423) 596-0053

Email: irene.scoggins@gmail.com

Amanda Henderson

Diocese of Knoxville
805 S. Northshore Drive
Knoxville, TN 37919

Phone: (423) 458-2401

Email: ahenderson@dioknox.org

Forms and Payment may also be turned in to the front office at NDHS or to your parish Youth Minister

Code of Conduct for Youth Events



- The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife, or property are strictly prohibited.
- **Clothing** must be church appropriate. Exposed midribs, cleavage, or undergarments are not permitted. Spaghetti straps, short shorts, halter tops, baggy pants, and any clothing item found to be offensive or bearing reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Any participant whose attire is deemed not appropriate will be asked to change. Leggings must be worn with long top covering behind.
- Language and behavior should exemplify Christian values.
- Public displays of affection will be addressed when deemed inappropriate.
- Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
- No participants are permitted to leave the premises without the expressed permission of the coordinator of the event or youth minister.
- Cell phones, cd players, video games and personal electronic devices are not permitted due to the inherent likelihood that they will distract the young person from the youth event at hand. **Exceptions** are to be made by the event coordinator. **NO CELL PHONES**, they will be taken up at the beginning of the weekend and returned before you leave.
- No participants are allowed to ride in a car with another participant to, from, or during an event unless a parent/guardian to the parish coordinator of youth ministry has given expressed written permission.
- Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
- Participants are to abide by specific regulations pertaining to individual events not mentioned above.

Note: The coordinating team takes every precaution to provide a safe environment for these events. The coordinating team cannot be held responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child is expected to abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this Code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement. I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Participant Printed Name: _____

Participant Signature: _____ Date: _____



The Diocese of Knoxville

Office of Youth, Young Adult,
and Pastoral Juvenil Ministry

FORM A

PARISH _____

DEANERY _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Diocese of Knoxville Office of Youth, Young Adult & Pastoral Juvenil Ministry

PARTICIPANT'S NAME: _____ PARENT/GUARDIAN'S Name _____

Participants: BIRTH DATE: ____ / ____ / _____ Gender: Male Female

HOME ADDRESS: _____ E-mail Address _____

HOME PHONE: _____ EMERGENCY PHONE _____

I, (name of parent or guardian) _____, grant permission for my child (name of child)

_____ to participate in the Diocese of Knoxville _____ (the

"Program") to be held at (Location): _____ Parish, (Date): _____.

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Knoxville, Youth, Young Adult & Pastoral Juvenil Ministry ("OYYAPJM"), its officers, directors, and agents, and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims or demands that may be made or brought against OYYAPJM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYYAPJM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to OYYAPJM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____

Telephone: (_____) _____

FAMILY DOCTOR: _____

Telephone: (_____) _____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

(1) Signature: _____ Date: ____ / ____ / _____

(This line **must** be signed in order to participate)

Other Medical Treatment: In the event it comes to the attention of OYYAPJM, its officers, directors and agents, and the Diocese of Knoxville and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself).

(2) Signature: _____ Date: ____ / ____ / ____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature: _____ Date: ____ / ____ / ____

Select and Sign only ONE (1) of the Following Options:

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

(4) Signature _____ Date: ____ / ____ / ____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) Signature: _____ Date: ____ / ____ / ____

Specific Medical Information: OYYAPJM, will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.) _____
- Immunizations: Date of last tetanus/diphtheria immunization: _____
- Medications child currently takes _____
- Does child have a medically prescribed diet? _____
- Any physical limitations? _____
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____
- Has child recently been exposed to contagious disease or condition, such as Covid, mumps, measles, chicken pox, etc.? _____
- If so, date and disease or condition: _____
- You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to attend the "Program")

(6) Signature: _____ Date: _____
(This line **must** be signed in order to participate)

SEARCH for Christian Maturity



Philosophy & Purpose

SEARCH is facilitated by teens for teens with the guidance of adult **SEARCH** Coordinators. The focus of the retreat is threefold:

- Fostering participants' personal relationship with Christ
- Encouraging participant's involvement in ministry within their respective parishes
- Promoting discipleship

SEARCH for Christian Maturity is a retreat weekend that tries to help high school juniors and seniors see how they can be faith leaders in their schools and parishes. This is done by having the participants come to know God, themselves, and others in a more loving, personal way.

SEARCH is not a means purposely set up to correct one's character, morals, emotions or troubled school or family life. It is a method of providing people with a way of encountering themselves, others and God in a way which is unique and powerful. **SEARCH** helps people to see the need to bring their spiritual life into more conscious contact with their day-to-day living.

The essential component of **SEARCH** is its youth-to-youth approach, referred to as peer ministry. This component cannot be stressed enough; other programs can be valuable, but no one can talk with and relate to another better than a peer.

So, **SEARCH** is basically a weekend experience in Christian living. It is designed to help people see their value as human beings and members of a loving community. This happens as the team and the Searchers share their thoughts, feelings, and ideas. Participants are then challenged to take their growth and ideas back to their families, schools, and parish communities.

Central Elements

There are six elements that we hope each **SEARCH** weekend will highlight and that each participant will take away from the retreat. These central elements are:

Trust Sharing Community Prayer Growth Fun

Time Frame for the Weekend

SEARCH is a full, time-consuming weekend that begins immediately after school on Friday for the team members (6:30-7:00 PM for the participants) and ends on Sunday at 5:30 PM for participants, and 7:00-7:30 PM for team members.

What will happen?

You will participate in large and small group discussions, team building activities, learning to trust, Mass, Reconciliation, prayer services and of course fun.... meeting youth from all over the deanery and some of them will become close friends. You will bond with your Search community but will be challenged to go back into your family, church, and school communities to share what you have learned.

TRUST THE PROCESS. KEEP THE FAITH. THE BEST IS YET TO COME.