What is Search?

Search is a peer retreat weekend for 10-12th graders. It is planned and run by a team of high school students. You'll hear from people your age going through the same things you are, facing the same questions and challenges. Teen leaders give talks and run activities with guidance from a team of experienced adult mentors.

Why bother going?

Life is busy! This is a rare opportunity to enjoy a weekend away from your regular schedule, meet new people, connect with old friends and better understand and deepen your faith.

When?

December 6-8, 2024

The retreat runs Friday evening through Sunday afternoon. You'll have time for homework on Sunday.

Where?

This year's retreat is at the Liebenzell Retreat Center in Long Valley, NJ.

What does it cost?

\$185 covers all program costs, meals, and lodging. If there is a financial burden, contact Mark Tosso, Youth Minister. Details will be emailed to parents a few weeks before the retreat.

Quotes about Search

- "One of the best experiences of my life. It was super inspiring & worthwhile."
- "It's a very fun experience and helps you feel calm and closer to God."
- "Search is a stress-free weekend where you make new friends and learn about your faith in a way you understand"



Sign up online:

stjoesmendham.org/youth-ministry

OR fill out form on reverse and give to a Team member with payment, OR submit to:

Church of St. Joseph

Youth Ministry 6 New Street, Mendham, NJ 07945

Questions? Contact Mark Tosso: tosso@stjoesmendham.org Phone: (973) 543-5950 ext. 17



Church of St. Joseph Search Peer Retreat – December 6-8, 2024

HEALTH INFORMATION, CONSENT TO TREAT & RELEASE OF LIABILITY

| FIRST NAME | LAST NAME | Male / Female | | |
|-----------------------------------|--|---|--|--|
| Name you wish to be called | PARENT EMAIL (Retreat info | rmation will be sent to this email address) | | |
| ADDRESS | CITY/STATE | | | |
| SCHOOL | GRADE TEEN's EMAIL _ | | | |
| Date of Birth | Parish | , | | |
| Parent(s)/Guardian(s) | | | | |
| Telephone numbers where pare | ent/guardian can be reached in case | of an emergency during this event: | | |
| Cell | Home | | | |
| Health Insurance Company | | | | |
| Group # | Identification # | | | |
| Existing medical problems, if ar | ny | | | |
| Name of Family PhysicianPhone# | | | | |
| Is the teen currently under the c | care of a doctor, psychologist or psychologist | chiatrist? (Please explain) | | |
| Counselor's Name: | Telephone | | | |
| Last Tetanus shot:Al | lergies to Drugs or Food(s):(describe | e) | | |
| Does the teen have any special | I dietary needs or restrictions? | | | |
| Medications or other pertinent r | medical information: | , | | |
| | | | | |

HEALTH INFORMATION, CONSENT TO TREAT & RELEASE OF LIABILITY (Continued)

| We, | and | , (hereinafter "Parents" or "Legal Guardian"), |
|---|---|---|
| request that our son | | , a member of St. Joseph Parish, attend the Search |
| Peer Retreat on Dec | cember 6-8, 2024. We hereby gra | nt our permission for our son/daughter to attend this |
| event and we freely | and knowingly provide this WAIV | ER, RELEASE OF LIABILITY AND HOLD HARMLESS |
| | der to accomplish this purpose. | |
| | | in Catholic Diocese of Paterson's acceptance of our |
| | | ent at the Liebenzell Retreat Center, to the fullest extent of |
| the law, the Parents | or Legal Guardian shall indemnit | y, defend and hold harmless the Most Rev. Kevin |
| Sweeney, D.D., Bisl | hop of the Roman Catholic Dioce | se of Paterson and his successors in office and all |
| | | d all affiliated parishes, schools, including, St. Joseph's |
| | | laims for bodily injury and/or property damage, damage, |
| | | rney's fees, arising out of the attendance of our |
| son/daughter at this | event. The Parents' or Legal Gua | ardian's agreement to indemnify specifically includes any |
| and all claims, dama | ages, losses and/or expenses res | ulting from bodily injury or property damage, sickness, |
| | | property caused in whole or in part by the negligence of |
| a party indemnified | hereunder. The Parents' or Legal | Guardian's insurance is primary over all other available |
| insurance. | | |
| | | our son/daughter's registration and attendance at the |
| event on December | 6-8, 2024, as well as any and all | disputes regarding this WAIVER, RELEASE OF |
| LIABILITY AND HO | LD HARMLESS AGREEMENT w | ill be resolved by way of submission to binding arbitration |
| through the auspice | s of the American Arbitration Ass | ociation. |
| LIABILITY AND HO oral representations I am at least 18 year | LD HARMLESS AGREEMENT, us, statements, or inducements apa | hat I have read the following WAIVER, RELEASE OF inderstand it and sign it voluntarily as my own free act; no art from the foregoing written agreement have been made d I execute this release for full, adequate and complete e. |
| . SIGN | | Date: |
| HERE Signa | ature of Parent or Guardian-indic | cate which and if guardian, give details |
| / | | |
| | icant's signature (if 18 years of a | age or over) |
| Photo Release: | for my son/daughter's photo to be tak | ten during program events. I understand that these photos may |
| be used in a display in | nside church property and/or posted | on the parish website. I may withdraw my consent at any time |
| by submitting such re | quest in writing to the Youth Minister | |
| This Code is a way t | | of Behavior lat is expected of them in order for this retreat to be a |
| | | ent and student must sign in order to participate. |
| Participants are exp | ected to attend the entire weekend. I | Name tags must be worn at all times. • Socializing should take |
| place only in the design | gnated public area of the facility. No | visiting is allowed in the sleeping area occupied by the opposite |
| sex. • Each day will b | e a busy one - sleep is a necessity! I | Participants must be in their rooms by lights-out time and noise assion or consumption of alcohol or drugs by participants will |
| result in immediate di | smissal. Parents will be immediately | contacted to pick up their teen no matter the time of day. |
| . SIGN | TEEN SIGNATURE | Date |
| HERE | PARENT/GUARDIAN SIGNATUR | E Date |
| , | I WITE IN THE OWNER OF THE OWNER | |