



## Cumberland/Smoky Deanery SEARCH Program

This application is an expression of your desire to participate in the SEARCH program.

**Fee: \$60.** This covers all expenses for the weekend. Make checks to Diocese of Knoxville SEARCH Program. If you are unable to pay this fee for financial reasons, please speak with Deacon Dan Hosford.

**Where: Knoxville Catholic High School**

Reservations are taken on a "first come, first serve" basis. Please return application before the deadline so the team will have enough time to prepare and purchase any necessary supplies.

**SEARCH 94: February 27- March 1, 2015** (Application deadline: February 15, 2015)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Your Cell Phone #: \_\_\_\_\_

Gender:  M  F School: \_\_\_\_\_ Grade:  11  12

T-Shirt Size :  S  M  L  XL  XXL  3XL

Parish/Church: \_\_\_\_\_ Religion: \_\_\_\_\_

Your Email: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_

**Return completed application to:**

Deacon Dan Hosford  
Deanery Coordinator- Cumberland and Smoky Mountain  
102 Pheasant Rd.  
Clinton, TN 37716  
Cell: 865-603-9682  
[Djh2@comcast.net](mailto:Djh2@comcast.net)  
Or turn into your Parish Coordinator of Youth Ministry



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### **SEARCH for Christian Maturity**

#### **Philosophy & Purpose**

SEARCH for Christian Maturity is a retreat program 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 and Fun.

#### **Time Frame for the Weekend**

SEARCH is a full, time-consuming weekend that begins immediately after school on Friday for the team members and 7:30 pm for the participants. The weekend ends on Sunday afternoon at 4 pm, for participants, and 7 pm for team members.

#### **What will happen...**

They will be doing 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 be their new friends for life. Your children will bond with their Search community because of it being a peer lead ministry, but they will also be challenged to go back into their Family, Church and School communities to share what they have learned.



## Cumberland/Smoky Deanery SEARCH Program

### Diocese of Knoxville Youth Code of Conduct for Youth Events

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife, or property are strictly prohibited.
2. Clothing must be church appropriate. Exposed midriffs, 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. Refusal could lead to dismissal.
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will addressed when deemed inappropriate.
5. 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.
6. If applicable, participants must wear their event identification at all times.
7. No participants are permitted to leave the premises without the expressed permission of the coordinator of the event or youth minister.
8. Boom boxes, 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, will take up at the beginning of the weekend.
9. No participants are allowed to ride in a car with another participant to, from, or during an event unless expressed written permission has been given by a parent/guardian to the parish coordinator of youth ministry.
10. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
11. 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.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read the forgoing and understand the **Code of Conduct** for participants and I will abide by them. In addition, I will abide by all directions given to me by the coordinator and adult chaperones. I understand and agree that my parents/guardians will be notified at the time of any infraction requiring my dismissal form this event and that I will be sent home at the expense of my parents or guardians. **I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.**

**Participant Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Youth Medical Form and Liability Waiver

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

I, \_\_\_\_\_, give my permission for my child to participate in **SEARCH**. Attached is a youth code of conduct. I also understand that a certain code of conduct is expected of all youth and adults attending any Deanery/Diocesan -sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

### Medical Matters

I hereby warrant that to the best of my knowledge, my child is in good health. **I assume all responsibility for the health of my child with our families Insurance.** Of the following statement pertaining to medical matters, sign only those in accordance with your wishes:

### Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to the 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 number or at my business:

Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Medical Treatment: \_\_\_\_\_



## Cumberland/Smoky Deanery SEARCH Program

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. 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.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dietary needs:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physical Limitations:** \_\_\_\_\_

**Special Medical Conditions:** \_\_\_\_\_