



# REGISTRATION FORM

PLEASE FILL OUT BOTH CANDIDATE AND PARENT INFORMATION AND RETURN

### CANDIDATE INFORMATION:

Candidate Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
High School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_  
Email Address: \_\_\_\_\_

The person who told me about Antioch or invited me is:  
\_\_\_\_\_

I promise to attend the 2012 Antioch Retreat weekend on Feb. 17-19 with a positive attitude and a willingness to participate. I understand that I will be a guest at the Claremont Retreat House and will respect the property. I will not bring any illegal substances and will abide by the rules and regulations of the weekend in order to attain the greatest benefit. I agree to attend this retreat in its entirety.

Candidate Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

[www.spymin.org](http://www.spymin.org)    201-546-8422    [youthgroup@spymin.org](mailto:youthgroup@spymin.org)

### PARENT / GUARDIAN INFORMATION:

Parent / Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I give full permission for my son/daughter to participate in the Antioch Retreat Weekend held by St. Philip the Apostle Parish from Feb. 17, 2012 at 6:00PM through Feb. 19, 2012 at 5:00 PM. I understand that it is to be held at the Claremont Retreat House in Mt. Arlington, NJ. I understand that transportation will be provided on Friday, but that I need to arrange transportation on Sun. You and your family are invited for a closing ceremony on Sun at 3pm at the retreat house. I understand that the cost of the weekend is \$70 and will provide payment or contact Justin for a scholarship opportunity. If I have questions or concerns, I will take the initiative to gain information regarding regulations and guidelines by speaking to one of the leaders. I am aware that the young people will be sleeping in assigned rooms and levels separated by gender. I am aware that all adult volunteers on this weekend have participated in the Archdiocesan "Protecting God's Children" certification and have been approved by the Pastor. I fully expect to be notified if my child is disrespectful or uncooperative. My child is fully able to care for him/herself independent of any assistance, however he/she has the following health condition or allergies (including food) or is in need of the following diet or medication: \_\_\_\_\_

If medical attention is required in the course of the weekend, I hereby give permission for my son/daughter to be treated. I furthermore completely absolve and release St. Philip the Apostle Parish and Youth Ministry, the Claremont Retreat House, Antioch, or any individuals helping on this retreat from any legal or financial liability related to my child's participation in this weekend.

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Please check:

- \_\_\_\_\_ I will be attending the closing ceremony on Sun, 3pm and will bring \_\_\_\_\_ additional people.
- \_\_\_\_\_ I will not be attending the closing mass + ceremony on Sun

Make checks out to St. Philip's Church.  
Mail to: Justin Aughey, 488 Saddle River Rd, Saddle Brook 07663