



# ST. ANTHONY'S ANTIOCH 43 AWAKE!

The Antioch Experience gives teenagers time and space to question whether they are growing in the Catholic Christian faith or just "going through the motions". Guided by a group of well-trained young men and women, the teens share their faith stories with each other and come to know our LORD JESUS, THE CHRIST, personally. The weekend is also a time for relaxation and community spirit. ANTIOCH is peer ministry at its best! This is an experience your teen/young adult will remember for a lifetime.

Please join us for this SPIRIT-FILLED event on:

**WHEN:** **DATE CHANGE** ~~Apr. 13<sup>th</sup> - 15<sup>th</sup>, 2018~~ **APRIL 27-29**  
**WHERE:** St. Anthony's PARISH CENTER  
**WEEKEND Schedule:** Friday, **4/27** Saturday, **4/28** Sunday, **4/29**  
**Arrival:** 7:30pm 8:00am 8:00am  
**Departure:** 11:00pm 11:00pm 7:30pm  
**CLOSING MASS:** 6:00 PM on Sunday, April 15th- In Hall  
**PARENTS, TEENS, FAMILY & FRIENDS ARE WELCOME TO THE CLOSING!!**

**COST: \$40.00**

**IF PAYING AFTER April 23, 2018 - RETREAT COSTS \$45.00 \*\*\***

**MEALS:** Prepared by parents/parishioners of St. Anthony's  
**TEENS NEED TO BRING: THEMSELVES!! NOTHING MORE...NOTHING LESS!**  
**NO IPADS, IPODS, MP3 PLAYERS, CELL PHONES, KINDLES OR TABLETS!!**  
**NO BACKPACKS ALLOWED!!!!**  
**NO SMOKING, DRUGS OR ALCOHOLIC BEVERAGES ALLOWED!!!**

Please mail or deliver the attached Permission slip to:

St. Anthony's Antioch  
101-103 Myrtle Avenue  
Passaic, NJ 07055

**NO LATER THAN MONDAY, April 23, 2018.**

Please make all checks payable to St. Anthony's Antioch.

**CELEBRATING 20+ YEARS OF ANTIOCH!!**  
**Jesus is counting on you**  
**and we are too!!!**

# st. Anthony's Antioch

101-103 Myrtle Avenue  
Passaic, NJ 07055

April 27<sup>th</sup> - 29<sup>th</sup>, 2018

T-SHIRT SIZE: \_\_\_\_\_  
(M, L, XL, XXL)

## Health Information - Release of Liability - Hold Harmless Agreement

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS/CITY/ZIP: \_\_\_\_\_  
NAME OF PARENT OR GUARDIAN: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_  
HIGHSCHOOL/COLLEGE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
PARISH (Or Church you attend): \_\_\_\_\_ CITY: \_\_\_\_\_  
HEALTH INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
Are you currently under the care of Physician, psychologist, psychiatrist? \_\_\_\_\_  
Name of Family Physician: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Last Tetanus Shot: \_\_\_\_\_ Allergies to Drugs or Foods: \_\_\_\_\_  
ALLERGIES TO: DOGS \_\_\_ CATS \_\_\_ BIRDS \_\_\_ OTHER \_\_\_\_\_  
DOES YOUR TEEN HAVE ANY OF THE FOLLOWING CONDITIONS: (Check all that apply)  
Heart Condition \_\_\_ Diabetes \_\_\_ Hypoglycemia \_\_\_ Physical Handicap \_\_\_\_\_  
Do you have any special dietary needs or restrictions? \_\_\_\_\_  
Special Medications, blood type or pertinent medical information: \_\_\_\_\_

I/we request that my/our daughter/son attend the ANTIOCH Weekend Retreat (FROM Apr 27<sup>th</sup> - 29<sup>th</sup>, 2018) SPONSORED BY ST. ANTHONY OF PADUA PARISH, ARRIVING ON FRIDAY AT 7:30 PM AND DEPARTING ON SUNDAY AT 7:30 PM under the auspices of St. Anthony's Church. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and all answers are correct. I/we can be reached at the telephone numbers referred to above but if emergency medical care or treatment shall be necessary and if I/we cannot be contacted, I/we authorize the delegated agents of St. Anthony's Church to act on my/our behalf and approve treatment.

**PHOTOGRAPHIC RELEASE:** By signing this form, the parent/guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video taped at any/all youth group activities sponsored by the program. Pictures/Videos may be used for publicity or educational purposes.

**RELEASE OF LIABILITY:** In consideration of St. Anthony's Church accepting my/our daughter's/son's registration for this event (and in consideration of St. Anthony's Church accepting MY registration - for those 18 years of age or over), I/we release, hold harmless, and discharge St. Anthony's Church, Most Rev. Arthur J. Serratelli, S.T.D., S.S.L., D.D. and the Roman Catholic Diocese of Paterson, its officers, Trustees, employees, agents, and affiliates of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless St. Anthony's Church and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost, or expense.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
APPLICANT SIGNATURE IF 18 YEARS OF AGE OR OLDER

# Antioch 43 - Awake!