



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: Apr. 13th –15th, 2018
WHERE: St. Anthony's PARISH CENTER
WEEKEND Schedule: Friday, 4/13 Saturday, 4/14 Sunday, 4/15
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 9, 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 9, 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 13th - 15th, 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 13th - 15th, 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

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