



Dear Retreat Applicant,

This application contains all the information you will need to join many young men who attend the weekend. On this form you will find general information regarding the beginning and ending times for the retreat, items to bring, and some ideas explaining what a Discernment Retreat means. You may also visit www.brothersofthesacredheart.org for much more information.

Please fill out the application form and answer the questions on both sides. Return this form with the medical form to the address below as soon as possible. Once we have received your application, we will notify you by e-mail that it has been received. A detailed retreat preparation letter will be sent one week prior to your retreat.

Please make your reservations early and sign up for the "Search Your Heart" Discernment Retreat. If you have any questions about the retreat, please contact the vocation office in your area or call (504) 352-9940.

MAIL TO:

"Search Your Heart" Retreat
Brothers of the Sacred Heart
4600 Elysian Fields Ave.
New Orleans LA 70122

Name _____ Nickname (if preferred) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____ Phone # _____

E-Mail Address _____ Date of Birth _____

Parents' Names _____

Mother

Father

Year/Grade in School _____

School _____ Job _____

Church Parish _____

Any special health / physical / dietary needs you may require during the weekend? _____

There is no cost for a “Search Your Heart” Retreat.

A completed medical form is required for all applicants including adults. The retreat will be held at the Rosaryville Spirit Life Center in Ponchatoula, LA. The Brothers of the Sacred Heart provide transportation to the retreat center from the Greater New Orleans area upon request.

The topics and approach of the retreat demands that applicants must have completed the first semester of their Junior year of High School. The theological approach of the weekend centers on Discernment and the Spirituality of the Sacred Heart.

DRESS CODE: Casual, but we ask that you wear full shirts. Shorts are acceptable, but must be modest. Outdoor clothing for cold weather is recommended. If you are normally cold natured, we suggest that you pack a sweater or sweatshirt.

BRING: Personal toiletries, Bible. Musical instruments are welcomed.

DO NOT BRING: Towels, wash cloths, sheets, blanket, pillow are provided at the retreat center. School books, homework.

“Search Your Heart” Retreat is:

- ◆ Sponsored by the Brothers of the Sacred Heart Vocation Office
- ◆ A fresh, different atmosphere away from home, school, or job.
- ◆ An experience in community living in a prayerful atmosphere.
- ◆ Meeting with other young men who are experiencing a restless heart.
- ◆ Sharing with a spiritual director how you see yourself, your ideals, your dreams.
- ◆ Finding God real and believable in your life.
- ◆ Encountering the Sacred Heart of Jesus in your life every day!

Cut here. Keep upper portion for necessary information. Mail in lower portion and medical form.

Why do you wish to make a “Search Your Heart” Retreat?

Who told you about the retreat.? Name _____

Have you had any other retreat experience? If so, please describe. _____

Describe your participation in school activities _____

In addition to your studies or work, what activities or hobbies do you pursue? _____

What types of employment have you had in the summer or after school hours? _____



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____, grant permission for my child, _____,

to participate in this retreat that may require transportation. This retreat will take place under the guidance and direction of the Brothers of the Sacred Heart. A brief description of the activity follows:

Type of event: **"Search Your Heart" Discernment Retreat**

Location(s): **Rosaryville Spirit Life Center, Pontchatoula, Louisiana**

Sponsoring Agency: **Brothers of the Sacred Heart**

Duration of activity: **5:00 PM Friday - 12:00 PM Sunday, date here: _____**

Mode of transportation to and from event: **Participants on your own unless requested**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Brothers of the Sacred Heart, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Brothers of the Sacred Heart, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a 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 numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the Brothers of the Sacred Heart, its officers, directors and agents, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Brothers of the Sacred Heart will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____
