

Saint James Antioch Weekend
September 17th – September 19th 2010

NAME _____ DATE _____

ADDRESS _____ CITY _____

HOME PHONE _____ EMERGENCY PHONE _____

PARISH _____ SCHOOL _____

BIRTHDATE _____ AGE _____ GRADE _____

PARENT EMAIL _____ STUDENT EMAIL _____

The Candidate: I plan to experience the entire **Antioch** weekend from September 17th – September 19th. I agree to participate in the upcoming weekend and will be present for the entire weekend from 7:00 PM Friday night until the closing ceremonies on Sunday afternoon. I will make arrangements to be dropped off Friday night and picked up after the closing ceremonies on Sunday. (Candidates will not be allowed to leave cars at the Church or the School parking lots) I have enclosed a check for \$50.00 with this registration

Candidates Signature _____ **Date** _____

Return application and check (payable to Saint James Antioch) by September 15th to Cristina Imperato 184 S. Finley Ave., P.O. Box 310 Basking Ridge NJ 07920.

I give full permission for my daughter/son _____ to participate in the Antioch weekend held by Saint James from Friday, September 17th at 7:00 PM in St. James Parish Center until Sunday, September 19th, at 1:00P.M. I understand that this event is being carefully planned. I will receive information regarding regulations and guidelines by mail and will assist in any way possible. I am aware that the young people will be sleeping in assigned sleep groups separated according to gender, in the homes of host families, with parents who are familiar with Antioch, willing, and mature. I understand that I can find out the host home where my child is staying upon arrival at the facility on Friday night, September 17th @7:00pm I fully expect to be notified if my child is disrespectful or uncooperative.

My child has the following health conditions: _____

or is in need of the following diet: _____

Medications: _____ **Allergies:** _____

If medical attention is required in the course of the weekend I hereby give my permission for my son/daughter to be treated.

Parental Signature _____ **Date** _____