

Quo Vadis Days

August 7-9, 2017



Roman Catholic
Diocese of Lubbock

(Registration Form---Please Print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Your E-mail Address _____

Age _____ Birth date _____ Year in school _____

Your Parish _____ Pastor _____

Will you be needing a scholarship? _____

The cost of the camp is \$50.00 which includes room and board, meals, shirts, cap, and discernment material.

Participants are advised that photographs or videotape of participants may be used in publications, websites or other materials published from time to time by the Office for Vocations of the Diocese of Lubbock. (Participants would not be identified, however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office for Vocations in writing. Please note that the Diocese of Lubbock has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

Signature (Parent or guardian if under age 18) _____ Date _____

DEADLINE: JULY 21, 2017

Please return Registration Form, Health Form, and Parental Consent Form to:

Office for Vocations & Seminarian Education

P.O. Box 98700

Lubbock, Texas 79499-8700

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(Health Form---Please Print)

Is your son in general good health and able to participate in all normal youth activities?

Yes ___ No _____

Please explain limitations _____

Allergies (food, drugs, insects, etc.) _____

Medication(s) currently being taken _____

Other information (injuries, special needs, etc.) _____

Health Insurance Carrier _____ Policy/Group Number _____

Emergency Contact Information

Full Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Number(s) _____

Family Physician _____

Physician's Phone _____

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Parent/Guardian Consent Form

Parent/Guardian Name _____

Relationship to Participant _____

Home Address (if different from participant) _____

Home Phone _____ Work _____ Cell _____

I (name of parent/guardian) _____

grant permission for (name of participant) _____

to participate in Quo Vadis Days 2017, sponsored by the Office for Vocations of the Roman Catholic Diocese of Lubbock, to be held at Plains Baptist Assembly Campground, Floydada, Texas from August 7-9, 2017.

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my permission for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

Parent/Guardian Signature _____ Date _____

I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, antacid, etc.) to be given to my child if deemed advisable.

Parent/Guardian Signature _____ Date _____

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Personal items to bring to the camp:

- Sleeping bag or twin sheets, pillow and pillow case
- Small duffle bag to act as your storage
- Towel and wash cloth
- Bar of soap
- Shampoo, tooth brush, tooth paste, comb, deodorant
- Flip flops for shower area
- Casual clothing
- Undergarments
- Shoes for walking/hiking/sports
- Clothing for sports
- Swim suit
- Shorts
- Jeans (due to cactus near hiking trails)
- Sunglasses
- Camera if desired
- Your own prescribed, and/or over the counter meds, if you are taking any

NOTE

Please leave your cell phones at home. Participants will not be allowed to use them.