



Diocese of Lafayette
Quo Vadis Days
June 27-29, 2017

Community of Jesus Crucified
Retreat Center
103 Railroad Ave,
St. Martinville, LA 70582

(Registration Form - Please Print)

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Age: _____ Birth date: _____ Year (in school): _____

E-mail Address: _____

Home Parish: _____ Pastor: _____

How did you hear of Quo Vadis Days? _____

Participants are advised that photographs or videotape of participants may be used in publications, Web sites or other materials produced by the Office of Vocations or the Diocese of Lafayette; however, participants will not be identified without specific written consent. Participants who do not wish to be photographed or filmed should notify the Office of Vocations in writing.

Signature (Parent signature if under 18) _____ Date _____

Please return both Registration and Health Forms to:

Office of Vocations
Diocese of Lafayette
1408 Carmel Dr.
Lafayette, LA 70501

(Over)

Diocese of Lafayette
Quo Vadis Days
Code of Behavior and Hospitality Guidelines

Please review the following expectations:

- **Any vandalism or stealing will result in immediate dismissal.**
- **Alcohol, drugs or drug paraphernalia are not permitted and will result in immediate dismissal.**
- **Weapons or simulated weapons of any kind are not permitted. This includes but is not limited to: firearms of any kind, airflow guns, BB guns, knives, etc.**
- Laser pointers are not permitted.
- No one (except staff) is permitted in the kitchen area. Drinks and snacks will be provided in the recreation room.
- Do not leave trash around the building and grounds.
- Stay with the group and do not roam around the building or grounds. You will have recreational time in designated areas.
- Participants are expected, health permitting, to attend all activities.
- Treat each other with respect. Be Christ to each other.

We respectfully ask for your cooperation and are sure that you will adhere to this simple code of behavior. You represent the Church and are called as a young man to project an image of Christian consideration, sensitivity and respect to all others and to the property around you.

I understand and agree to the Quo Vadis Days Code of Behavior and realize that infractions may result in my dismissal.

Participant's Signature

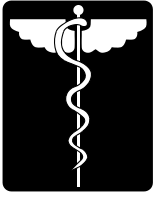
Print Name

Date

Parent's Signature (if under 18)

Print Name

Date



Diocese of Lafayette
Quo Vadis Days
June 27-29, 2017

Community of Jesus Crucified
Retreat Ctr
103 Railroad Ave,
St. Martinville, LA 70582

(Medical Form - Please Print)

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Age: _____ Birth date: _____ Year (in school): _____

Are you in general good health and able to participate in all normal activities?

_____ Yes _____ No (If no, please explain limitations)

Allergic reactions (medications, foods, insects, etc) _____

(Medication(s) currently being taken) _____

Special medical/mental conditions: Yes _____ No _____ (if yes, please describe) _____

Family Physician: _____ Phone: _____

Insurance Company: _____

Policy ID Number: _____ Group Number: _____

EMERGENCY CONTACT - Please Print

Name and Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Other Numbers:

Home phone: _____ Work: _____ Cell: _____

Parent/Guardian - please complete if participant is under 18

Parent/Guardian Name: _____

Home Address: (if different from participant) _____

Home phone: _____ Work: _____ Cell: _____

I, _____, grant permission for _____
(Name of parent or guardian) (Name of participant)

to participate in Quo Vadis Days at the Community of Jesus Crucified Retreat Ctr. Located at 103 Railroad Ave, St. Martinville, LA 70582, June 27-29, 2017.

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made 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 consent 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 any 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