



**Diocese of Lafayette**  
***Quo Vadis Days***  
**June 25-27, 2019**

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.

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Participant's Signature

Print Name

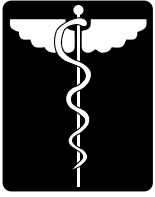
Date

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Parent's Signature (if under 18)

Print Name

Date



**Diocese of Lafayette**  
***Quo Vadis Days***  
**June 25-27, 2019**

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 25-27, 2019.

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