



SAINT JOSEPH SEMINARY COLLEGE
Come and See Weekend Participant Registration Packet

SAINT JOSEPH SEMINARY COLLEGE
75376 River Road - Saint Benedict, Louisiana 70457
www.sjasc.edu

Very Reverend Gregory M. Boquet, O.S.B.
President-Rector

General Information & Instructions

About the Retreat: Twice a year, Saint Joseph Seminary College offers a weekend live-in experience for men who are discerning a call to the priesthood. We call them *Come and See Weekends*. If you've been thinking about the priesthood, now's the time for action—come and see for yourself, ask questions, express your concerns, meet other seminarians, and pray for God's will. There is no cost to you, no obligations.

These weekends are great opportunities for your discernment journey. So if you feel that you might be called, just don't know, or are afraid this really is the road for you, then come and see for yourself. Meet the seminarians that are discerning God's will and being formed into priests of Jesus Christ. Meet the wonderful team that trains and forms the seminarians. Come and see Saint Joseph Seminary College and see an incredible community that makes it easy to feel and encounter our Lord.

Instructions: Completely fill out each of the pages listed below and submit them to the Director of Vocations for your diocese.

Page 3.....Participant's Basic Information

Pages 4-6.....Participant's Medical Information

This section provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged. Saint Joseph Abbey & Seminary College will hold all medical information in the utmost confidence.

Page 7.....Participant Agreement

Pages 8-9.....Parental Consent for Minors

Packing List:

- Casual clothing for two days and two nights
- Athletic/outdoor clothing
- Slacks/khaki pants and a collard shirt for Sunday Mass
- Sleeping bag/bed linens and a pillow
- Towels
- Toiletries

Participant's Basic Information

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Other Phone #: _____

Diocese: _____

Current School: _____ Current Grade Level: _____

Participant's Medical Information

Section I. Medical Matters

As myself/the parent/legal guardian of the above named self/child, I hereby authorize Saint Joseph Abbey & Seminary College and/or representatives associated with the Come and See Weekend, to carryout the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from _____, 20____ through _____, 20____. I hereby warrant that, to the best of my knowledge, I/my child am/is in good health, and I assume all responsibility for the health of myself/my child.

Signature: _____
Printed Name: _____ Date: _____

Section II. Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport myself/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, please contact:

Name: _____ Relationship: _____

Phone #: _____ Phone #: _____

Doctor: _____ Phone #: _____

Health Insurance Carrier: _____ Policy #: _____

Signature: _____
Printed Name: _____ Date: _____

Section III. Other Medical Treatment

Applicable to minors; to be signed by parent/guardian.

In the event it comes to the attention of Saint Joseph Abbey & Seminary College or representatives associated with the Come and See Weekend that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, etc., I want to be called with phone charges reversed to myself, if necessary.

Signature: _____
Printed Name: _____ Date: _____

Section IV: Medications

Applicable to minors; parent/guardian sign those that apply

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 the medications, including dosage and frequency of dosage, are as follows:

Signature: _____
Printed Name: _____ Date: _____

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

Signature: _____
Printed Name: _____ 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: _____
Printed Name: _____ Date: _____

Section V: Medical History & Conditions

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

Date of Last Tetanus/Diphtheria Immunization: _____

Medically prescribed diet? If yes, please describe:

Physical limitations? If yes, please describe:

Chronic homesickness, emotion reactions to new situations, sleepwalking, bed-wetting, fainting, etc.? If yes, please describe:

Recently exposed to a contagious disease or conditions (mumps, measles, chickenpox, etc.)? If so, please give the date and describe disease/condition:

Special Medical Conditions:

Participant Agreement

Section I. General Provisions

Saint Joseph Abbey and Seminary College ("SJASC") agrees to allow _____ (the "participant") to attend the "Come and See Weekend" event and to participate in the event activities as stated in this agreement, subject to the rules and regulations stated in this document.

SJASC shall not be liable for any injury to person(s) or damage to property sustained on the premises of SJASC by members of the undersigned participant, the participant's organization or by performers/participants and patrons of the tenant's event(s).

Section II. Use of Facilities & Grounds

- a. No animals or pets are allowed on the premises except for those assisting the legally handicapped.
- b. No signs, posters, or decorations may be used or placed on SJASC grounds without proper consent from SJASC.
- c. Alcohol may not be brought onto SJASC premises at any time by any member of the group.
- d. Smoking is prohibited in all buildings of SJASC. There is a designated outdoor smoking area on the campus with two tables and ashtrays. Smoking should be confined to this area only. Smoking is prohibited for students under the age of 18 as mandated by the laws of the State of Louisiana.
- e. The participant agrees to leave all used facilities and equipment in a clean, orderly condition after use.
- f. The grounds must be left free of litter. Any activities that may break or damage trees, shrubs or flowers should be avoided.
- g. All equipment should be inspected by the participant before use. Any problems should immediately be reported to the attention of SJASC. Equipment should not be used until it is repaired and SJASC considers it safe to use.
- h. All damage to SJASC's property must be reported immediately. All rooms, facilities, and/or landscaping/grounds will be inspected prior to departure and the participant will be responsible for replacing or repairing damaged property.

Section III. Parking

All participant vehicles should be parked in the SJASC lot located adjacent to Borromeo Hall and the swimming pool.

NO VEHICLES SHALL BE PARKED NEAR THE MONASTERY.

Section IV. Parental Consent for Minors

The *Parental Consent for Minors* must be completed for participants less than 18 years of age.

Signature: _____
Printed Name: _____ Date: _____

Parental Consent for Minors

I/we, the undersigned, request that my/our child be permitted to participate in the activity named below.

Come and See Weekend at Saint Joseph Abbey & Seminary College
75376 River Road, Saint Benedict, Louisiana 70457

Participant's Name: _____ Age: _____

Mode of Transport: _____

Dates of Visit:

Arrival: _____ Time: _____

Departure: _____ Time: _____

Medical Release

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize Saint Joseph Abbey & Seminary College to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the laws of the State of Louisiana and the Archdiocese of New Orleans.

Release of Claims Against Saint Joseph Abbey & Seminary College and its representatives and The Archdiocese of New Orleans

As parent/guardian, I have voluntarily applied, on behalf of my child, to participate in the Come and See Weekend and visit. I understand that there are risks in my child's/ward's presence and participation in this Saint Joseph Abbey & Seminary College sponsored program, and to participate in this activity may require transportation to a location away from the seminary campus.

I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS EVENT/VISIT. I HEREBY RELEASE THE SAINT JOSEPH ABBEY & SEMINARY COLLEGE, ARCHDIOCESE OF NEW ORLEANS, LA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS EVENT/VISIT.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE SAINT JOSEPH ABBEY & SEMINARY COLLEGE AND I SIGN IT OF MY OWN FREE WILL.

Behavior Expectations

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform to directions of the supervising personnel.

Signature: _____
Printed Name: _____ Date: _____