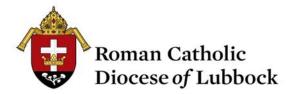
Quo Vadis Camp

August 6-8, 2018



(Registration Form---Please Print)

Name			
Address			
City	State		Zip Code
Daytime Phone		Evening Phone	
E-mail Address	3		
Age	Birth date	Year in sch	ool
Your Parish		Pastor	
			oard, meals, shirts, cap, and
discern	ment material. SCHOLA	AKSHPS AVALIABI	LE UNPON REQUEST.
publications, we of the Diocese of written consent. Office for Voca	of Lubbock. (Participants v) Participants who do not	would not be identified wish to be photographote that the Diocese of	time by the Office for Vocations d, however, without specific ned or filmed should notify the Lubbock has no control over the
Signature (Pare	nt or guardian if under age	18)	Date

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

Office for Vocations & Seminarian Education

P.O. Box 98700

Lubbock, Texas 79499-8700

Quo Vadis Camp August 6-8, 2018

(Health Form---Please Print)

Is your	son in general go	od health and able	to participate in all normal youth activities?	
Yes	No			
Please 6	explain limitation	s		
Allergie	es (food, drugs, in	sects, etc.)		
Other i	nformation (injur	ries, special needs, e	etc.)	
			Policy/Group Number	
Emer	gency Contac	ct Information		
Full Na	Jame Relationship			
			Zip Code	
Home I	Phone	Other Number(s)		
Family	Physician			
	an's Phone			

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Parent/Guardian Consent Form

Parent/Guardian Name _				
Relationship to Participa	nt			
Home Address (if different from participant)				
Home Phone	Work	Cell		
I (name of parent/guardia	an)			
grant permission for (nar	ne of participant)			
	1 0 0 0	t 6-8, sponsored by the Office for Vocations eld at Plains Baptist Assembly Campground,		
appropriate measures wi	ll be taken to minimize the	adult supervision and reasonable and risk of injury and/or accident. I understand the event involves the risk of injury.		
the program is conducted may be necessary for my provided by a staff mem member or adult volunte decisions to be made for In case of accident, injur	d, to secure all necessary end child during the entire even ber or adult volunteer. I release from any liability, who is emergency care or medically or loss, neither my family	d/or adult volunteers under whose auspices mergency medical care and/or treatment that ent including necessary transportation, if lease and hold harmless any said staff in good faith is placed in a position requiring treatment of the above-named young person. I will hold the diocese, the parish, nor the event, responsible or liable.		
Parent/Guardian Signatu	re	Date		
	n for nonprescription medic etc.) to be given to my chil	cation (such as acetaminophen, ibuprofen, d if deemed advisable.		
Parent/Guardian Signatu	re	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

Participants are asked to leave their cell phones at home for they will not be allowed to use them.