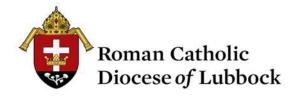
# **Quo Vadis Camp** August 2-4, 2021



#### (Registration Form---Please Print)

Name				
Address				
City		State		_Zip Code
Daytime Phone_			Evening Phone	
E-mail Address_				
Age	_Birth date		Year in school	
Your Parish			Pastor	

# The Cost of the camp is \$50.00 which includes room and board, meals, 2 shirts, cap, snacks, and discernment materials.

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\_\_\_\_

### **REGISTRATION DEADLINE: JULY 23**

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

Sister Olivia Rico

4620 4<sup>th</sup> Street

Lubbock, Texas 79416

Quo Vadis Camp August 2-4

(Health Form----Please Print)

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

Please explain limitations	Yes No		
Allergies (food, drugs, insects, etc.)         Medication(s) currently being taken         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	Please explain limita	tions	
Allergies (food, drugs, insects, etc.)			
Allergies (food, drugs, insects, etc.)			
Other information (injuries, special needs, etc.)         Generation (injuries, special needs, etc.)         Health Insurance Carrier         Policy/Group Number         Emergency Contact Information         Full Name         Address         City       State         Zip Code         Home Phone         Other Number(s)         Family Physician			
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	Medication(s) current	ntly 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			
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			
Health Insurance Carrier   Policy/Group Number   Emergency Contact Information   Full Name   Relationship   Address   City   State   Zip Code   Home Phone   Other Number(s)	Other information (i	injuries, special needs,	etc.)
Full Name			
Address         City StateZip Code         Home PhoneOther Number(s)         Family Physician	Emergency Co	ntact Informatior	1
City StateZip Code Home PhoneOther Number(s) Family Physician	Full Name	NameRelationship	
Home Phone Other Number(s) Family Physician	Address		
Family Physician	City	State	Zip Code
	Home Phone	Other Num	ber(s)
	Family Physician		

# Quo Vadis Camp August 2-4

## **Parent/Guardian Consent Form**

Parent/Guardian Name Relationship to Participant						
Home Phone		Cell				
I (name of parent/guardia	n)					
• •	• •	the Office for Vocations of the Roman aptist Assembly Campground, Floydada,				
appropriate measures will	be taken to minimize the r	dult supervision and reasonable and isk of injury and/or accident. I understand event involves the risk of injury.				
the program is conducted may be necessary for my provided by a staff memb member or adult voluntee decisions to be made for o In case of accident, injury	to secure all necessary em child during the entire ever er or adult volunteer. I rele r from any liability, who in emergency care or medical or loss, neither my family	or adult volunteers under whose auspices ergency medical care and/or treatment that at including necessary transportation, if ase and hold harmless any said staff good faith is placed in a position requiring treatment of the above-named young person. nor I will hold the diocese, the parish, nor he 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	

### Quo Vadis Camp August 2-4

### 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

To allow young men to participate fully in the presentations, cell phone usage will not be allowed.