



Diocese of Harrisburg
Quo Vadis Days
June 14 – 18, 2009

Mount Saint Mary's
Seminary & College
16300 Old Emmitsburg Road
Emmitsburg, MD 21727

(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, websites or other materials produced from time to time by the Office of Vocations or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office of Vocations in writing. Please note that the Diocese of Harrisburg has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

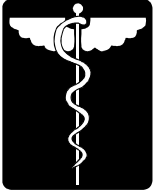
Signature (Parent signature if under 18) _____ Date _____

T-Shirt Size (S, M, L, XL, XXL) _____

Please return both Registration and Health Forms to:

Office of Vocations
P.O. Box 2161
4800 Union Deposit Road
Harrisburg, PA 17105-2161

(Over)



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(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: _____

(Over)

EMERGENCY CONTACT

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 Mount St. Mary Seminary from June 14-18, 2009.

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, cough syrup, etc.) to be given to my child if deemed advisable.

Parent/Guardian Signature

Date