



# BBVC 2017



**Brothers of Borromeo Vocation Camp**  
**Archdiocese of Philadelphia**  
**“Set the World Ablaze” - Saturday, July 15, 2017**

## BBVC REGISTRATION AND PARENTAL PERMISSION FORM

**Registration Due by Friday June 30<sup>th</sup>!** \$10 per participant

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Age/Grade (entering): \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size (Adult): S M L XL

Parish: \_\_\_\_\_ Location: \_\_\_\_\_

I grant my permission for my son, \_\_\_\_\_, to participate in B.B.V.C. on **Saturday, July 15, 2017** at Saint Charles Borromeo Seminary, 100 East Wynnewood Road, Wynnewood, PA 19096. **No one may leave early without parental permission.**

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Participant's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any conditions (e.g. allergies – food, bees, etc.), other medical problems, or dietary restrictions that should be brought to the attention of chaperones: \_\_\_\_\_

Knowing that there will be proper supervision, in case of injury, I will not hold the Vocation Director of the Archdiocese of Philadelphia or the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives the Archdiocese permission to use pictures from the day in which my child may appear for promotional materials.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed form with a check made payable to Vocations Office:**

Attn: B.B.V.C.

Vocation Office for the Diocesan Priesthood

Saint Charles Borromeo Seminary

100 East Wynnewood Road, Wynnewood, PA 19096