



VOCATION OFFICE FOR THE  
DIOCESAN PRIESTHOOD  
ARCHDIOCESE OF PHILADELPHIA  
HEED THE CALL

## Quo Vadis Days 2023

Monday, June 26 - Thursday, June 29, 2023

### REGISTRATION INFORMATION

Registration Deadline: **Wednesday, May 31, 2023**

#### General Camp Information:

- *Quo Vadis Days* is a 4-day camp run by the Vocation Office for the Diocesan Priesthood and the Philadelphia seminarians. This camp is held at Black Rock Retreat Center in Quarryville, PA. During this camp, high school men in Grades 9 to 12 (incoming freshmen to graduated seniors) participate in great talks and small group discussions, outdoor activities, sports, daily Mass and Liturgy of the Hours.

#### Registration Fee:

- The cost of registration includes optional bus transportation to/from the camp, all meals, lodging, and activities.
- The Vocation Office has made this camp available on a sliding scale basis. We recognize that this type of camp experience may be cost prohibitive for many and therefore we have set a sliding fee scale of \$25 to \$300, pay what you are able. The Vocation Office relies on the generosity of donors to be able to offer this camp. If you are financially able to do so, we thank you in advance for paying on the middle to higher end of the scale.

#### Registration Deadline:

- The following completed and signed paperwork (by parent/guardian and participant where applicable) and registration fee are due at the Vocation Office no later than **Wednesday, May 31, 2023**.
  - Parental Permission & Medical Release Liability Form
  - Youth Code of Conduct
  - Terms and Conditions of Enrollment
  - Black Rock Retreat, Activity Participation Agreement

#### Transportation to Black Rock Retreat Center:

- Transportation to and from Black Rock Retreat Center is the responsibility of the participant and his family or by using the provided optional bus transportation. *Any other arrangements must be communicated to the Vocation Office.* Students may be dropped off at, or picked up directly from, Black Rock Retreat Center. Drop off on Monday is at 9:30 am and pick up on Thursday at 3:30 pm. All participants must be picked up no later than 4:30 pm.
- Optional bus transportation is also available from St. Charles Borromeo Seminary, 100 E. Wynnewood Road, Wynnewood PA 19096 at *no additional cost*.
  - Monday, June 26<sup>th</sup>: Depart Seminary at 8:30 AM (arrive at 8:00 AM)
  - Thursday, June 29<sup>th</sup>: Arrival at Seminary by 5:00 PM

#### Meals:

- All meals, between lunch on Monday, June 26<sup>th</sup>, and lunch on Thursday, June 29<sup>th</sup> are provided.
- Please indicate any dietary restrictions on the space provided on the Registration Form.

#### Questions:

- Any questions, please contact Jillian Minnich ([jminnich@archphila.org](mailto:jminnich@archphila.org)) or Susan Matour ([smatour@archphila.org](mailto:smatour@archphila.org)) or by phoning the Vocation Office at **610-667-5778**.

#### Mail all Forms and Payment to:

- Vocation Office for the Diocesan Priesthood  
Attn: *Quo Vadis 2023*  
100 E. Wynnewood Road, Wynnewood, PA 19096
- ***Payment for the camp is required by June 9th.*** If paying in the form of a check or money order, please make payable to *Vocation Office*.
- If paying by credit card, a 3% transactional fee will be added to your registration. Please call the Vocation Office to make your payment.



VOCATION OFFICE FOR THE  
DIOCESAN PRIESTHOOD  
ARCHDIOCESE OF PHILADELPHIA  
HEED THE CALL

## Quo Vadis Days: Monday, June 26 - Thursday, June 29, 2023

### Parental Permission & Medical Release Liability Form

#### PARTICIPANT INFORMATION:

Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Parish Name and City: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

**Adult Shirt Size:**  S  M  L  XL  XXL **Past Quo Vadis Experience:**  2019  2020  2021  2022

#### TRANSPORTATION INFORMATION:

Transportation to and from Black Rock Retreat Center is the responsibility of the participant and his family or by using the provided optional bus transportation. *Optional bus transportation is on a first come, first serve basis and is provided from St. Charles Borromeo Seminary at no additional cost.* Please indicate below the method by which your son will be traveling to Black Rock Retreat Center.

**Monday: Transportation to Camp** (please select one):

I will drop by son off at Black Rock at 9:30 am

Bus 1: St. Charles Seminary (Wynnewood) 8:30 am

**Thursday: Transportation Home** (please select one):

I will pick up my son at Black Rock by 4:30 pm

Bus 1: St. Charles Seminary (Wynnewood) 5:00 pm

#### EMERGENCY CONTACT:

I understand that I am the primary contact for my son, but in the event, I cannot be reached, the following person is authorized to act on my behalf: *The Emergency Contact should be someone other than a parent / guardian.*

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

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

Cell Phone: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

#### LIABILITY RELEASE:

I, \_\_\_\_\_, as the participant at Quo Vadis Days Camp, will assume responsibility for restricting any activities agreed upon and listed above or on attached paperwork. I will exercise good judgment regarding my own health, safety and well-being, while participating in this program.

I, as parent/legal guardian of \_\_\_\_\_, grant permission for him to participate in Quo Vadis Days at Black Rock Retreat Center, 1345 Kirkwood Pike, Quarryville, PA 17566 from Monday, June 26, 2023 - Thursday, June 29, 2023. I understand that he may not leave early or with another adult without my written permission.

In the event of a medical emergency, I authorize a call may be made to 911 for emergency medical attention and consent to my son receiving necessary medical treatment until I or the emergency contact listed above can be notified, and I agree to be responsible for the payment of such treatment.

Parent/Guardian Name: \_\_\_\_\_

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

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# GENERAL HEALTH & MEDICAL HISTORY FORM

VOCATION OFFICE FOR THE  
DIOCESAN PRIESTHOOD  
ARCHDIOCESE OF PHILADELPHIA  
HEED THE CALL

*If the participant has been under the care of a physician within the past 12 months and there is any question about restriction, please attach a statement from the physician indicating restrictions and noting any pertinent recommendations.*

All questions must be completed. If a question is not applicable, please indicate N/A

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

Participant's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Known allergies:**  Food  Drugs  Plants  Animals  Insects  Other

Please specify allergen, reaction, and medication(s) used to treat (*please bring medication in original container*): \_\_\_\_\_

**Medication Use:** Please list medication(s) used, including insulin. All medications must be brought in original container with prescription and/or store label. *Use back of form if needed.*

Medication: \_\_\_\_\_ used for \_\_\_\_\_

Medication: \_\_\_\_\_ used for \_\_\_\_\_

Medication: \_\_\_\_\_ used for \_\_\_\_\_

**Please check if participant is prone to any of the following conditions:**

- |                                                      |                                              |                                                                   |
|------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Upset Stomach               | <input type="checkbox"/> Frequent headaches  | <input type="checkbox"/> Fainting                                 |
| <input type="checkbox"/> Asthma/Respiration problems | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Convulsions                              |
| <input type="checkbox"/> Restlessness/Sleepwalking   | <input type="checkbox"/> Heart problems      | <input type="checkbox"/> Other ( <i>i.e., resent concussion</i> ) |

If any of the above are checked, please give details: \_\_\_\_\_

**Dietary Restrictions:** Please provide any dietary restrictions (*ie, dairy, gluten, eggs, etc*):

**Special Circumstances:** Please provide any known physical, mental, social difficulties or other information which may affect participation and/or for which special consideration should be given (*please explain on additional sheet if needed*):

**Over the Counter Medication:** Knowing that the following will be administered by a registered nurse, I give permission for my son to receive the following:

- Advil  Tylenol  Mylanta  Roloids  Tums  Imodium



VOCATION OFFICE FOR THE  
DIOCESAN PRIESTHOOD  
ARCHDIOCESE OF PHILADELPHIA  
HEED THE CALL

## Quo Vadis Days: Monday, June 26 - Thursday, June 29, 2023

### Youth Code of Conduct

#### **Youth Participants WILL:**

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, appropriate dress, and behavior.
- Respect all persons and property.
- Obey directions given by Vocation Office staff, seminarians, clergy and Black Rock Retreat staff.
- Adhere to stated curfews.
- Attend all scheduled activities, arriving promptly, and staying for the entire activity.
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings.
- Maintain the spirit of the event.
- Report problems of any kind to a trusted adult.

#### **Youth Participants WILL NOT:**

- Use foul/inappropriate language.
- Possess weapons of any kind.
- Purchase, possess, consume, or distribute alcohol and/or illegal drugs.
- Engage in any form of bullying or any form of sexual activity or peer sexual harassment, or any kinds of inappropriate touching or harassment.
- Engage in behavior that could result in injury to him and/or other camp participants and/or chaperones.
- Damage or deface property. Damage or defacing of property will be the financial responsibility of the participant involved and his parents/legal guardians.
- Leave the premises unless accompanied by an adult leader, parent or legal guardian.
- Visit or gather in sleeping rooms with other *Quo Vadis* Days staff or participants, or any other individuals at Black Rock Retreat Center.

#### **Youth Participant Sanctions for Non-Compliance:**

If a youth participant violates the Youth Code of Conduct, any or all of the following sanctions may be implemented:

- Dismissal of the youth from event and possibly future events (whereby it would become the responsibility of parent/guardian to ensure timely, accompanied, and safe transportation home).
- Minor violations of the Rules of Conduct will be judged at the discretion of the Vocation Director with the collaboration of other chaperones for minor punishments. Minor punishments may include the non-participation of the participant for one or more of the activities. Punishments may also take the form of cleaning and writing apologies.

My (our) signature below acknowledges that I (we) understand and agree with the terms of the Code of Conduct. I (we) realize and agree that if I / my son violates these rules as determined by the Vocation Office for the Diocesan Priesthood and / or Black Rock Retreat Center, I (he) may lose the privilege of attending a scheduled activity or may be sent home at my (our) family's expense. I (we) also understand that I (we) will be responsible for all financial and other consequences of my / his behavior, including damages to the building, facilities, or property.

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

Participant Signature: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# **Quo Vadis Days** **June 26 - June 29, 2023**

## **Terms and Conditions of Enrollment & Release of Liability**

### **Assumption of Risk**

I understand that part of the camp experience involves activities, arrangements, and interactions that may be new to my son, and that they come with certain risks and uncertainties beyond what my son may be used to dealing with at home. A large component of this is team building activities, but it is not exclusive of this component. I am aware of these risks, and I am assuming them on behalf of my son. I understand that neither Black Rock Retreat Center, the Vocation Office for the Diocesan Priesthood, nor the Archdiocese of Philadelphia are responsible to provide insurance or financial assistance related to any of these risks, and expressly waive any claim for such compensation. I realize that no environment is risk free, and so I have instructed my son on the importance of abiding by the camp's rules, and I and my son both agree that he is familiar with these rules and will obey them.

### **Trip and Photo Permission**

I, as the parent/guardian, give permission for my son to participate in all activities of *Quo Vadis Days* at Black Rock Retreat Center.

I, as the parent/guardian, give permission to have photographs/videos and audio-recordings taken of my son which will be used in printed materials, on social media, or for other media for promotional purposes for the Vocation Office of the Diocesan Priesthood, St. Charles Borromeo Seminary, or the Archdiocese of Philadelphia.

### **Waiver and Release**

I, on behalf of myself, my heirs, next of kin, spouse, and legal representatives, hereby release, waive, discharge from, and agree not to sue Black Rock Retreat Center, the Archbishop of Philadelphia, or the Vocation Office for the Diocesan Priesthood or any lessor of the premises, along with their respective affiliates, successors, and assigns, and their respective members, directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Released Parties") for any and all claims, costs, liability, or damages of any injury, illness (including COVID-19), death, or loss of property resulting, directly or indirectly, from any activities of *Quo Vadis Days* at Black Rock Retreat Center except if caused by the gross negligence or intentional misconduct of any of the Released Parties which shall not be imputed to the other Released Parties.

### **Indemnity**

If, despite the Waiver and Release above, I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage, judgment or cost which may be incurred as the result of such claim.

### **Severability**

These Terms and Conditions of Enrollment are intended to be as broad and inclusive as is permitted by applicable law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

### **Personal Property**

Black Rock Retreat Center, the Vocation Office for the Diocesan Priesthood and the Archdiocese of Philadelphia are not responsible for lost or stolen property (cameras, etc.). Cell phones are NOT allowed during *Quo Vadis Days* and are only to be used with permission of one of the chaperones.

### **Cancellation, billing, and refund policies**

The non-refundable registration fee for the camp is due by **May 31, 2023**. In the event *Quo Vadis Days* is cancelled due to reasons involving COVID-19, however, by Black Rock Retreat Center, the Vocation Office for the Diocesan Priesthood or the Archdiocese of Philadelphia, participants may receive a partial refund (*amount to be determined at the time*). Cancellation will be determined by considering and following local, state, and national policies involving COVID-19.

A \$35 charge will be made on any returned checks.

There is no allowance or refund for any absences, missed days, late arrival, dismissal, partial week, or early withdrawal of participant during the *Quo Vadis Days*.

By signing below, I state that I have read and understood the Terms and Conditions of the *Quo Vadis Days*, as specified above, and held from June 26 - June 29, 2023.

---

Printed name of Parent or Guardian

---

Signature of Parent or Guardian

---

Date



*Black Rock Retreat*

# Activity Participation Agreement

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: \_\_\_\_\_

Name of Group: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Name of parents/guardians (if under 18): \_\_\_\_\_

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

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

## Activity Information

Black Rock Retreat’s Challenge Ropes Course is constructed and maintained to meet the ACCT safety standards, the generally accepted national standards for ropes courses. The course is designed to minimize the risk of serious injury. However, these activities are physically and emotionally demanding and potentially dangerous. Each participant assumes the risk of injury in these activities. Black Rock Retreat’s ropes course program activities are strictly voluntary and the level of participation is up to each individual. Please consult with your primary care physician prior to attending with questions about your approved level of participation. Certain activities have age and height restrictions. The weight limit for all high ropes elements, including zipline, is 250lbs.

## Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent or Legal Guardian if participant is a minor)*