



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

# Going Deeper 2019

**July 28 – August 1, 2019**

## REGISTRATION INFORMATION

**Registration Deadline: July 8, 2019**



### **General Camp Information:**

- *Going Deeper* is a 4-day service-oriented camp organized by the Vocation Office for the Diocesan Priesthood. During this camp, high school men in Grades 11 to 12 (incoming juniors to graduated seniors) or those with at least two years' Quo Vadis experience will participate in service activities, daily Mass, Liturgy of the Hours, great talks and small group discussions. Also includes multiple opportunities for recreation and fellowship.
- This camp will be held at the Spiritual Year House at St. Matthew Parish, 51 E. 3rd Avenue, Conshohocken, PA.

### **Registration Fee:**

- The cost of registration includes all meals, lodging, activities/recreation, supplies and transportation from St. Matthew Parish to various event sites.
- The registration fee for this camp is \$75.00. No one will be turned away due to financial constraints; please contact Fr. Stephen DeLacy, Vocation Director, at [fr.sdelacy@archphila.org](mailto:fr.sdelacy@archphila.org) to discuss financial assistance.

### **Registration Deadline:**

- The registration deadline for this camp is **Monday, July 8, 2019**.

### **Acceptance & Forms Required:**

- The following forms are attached and required to be completed, signed, and dated for registration (by parent/guardian and participant where applicable). These forms and registration fee are due no later than **July 8, 2019**:
  - Parental Permission & Medical Release Liability Form
  - General Health History Form
  - Youth Code of Conduct
  - Terms and Conditions of Enrollment
- Due to limited space, we will only be accepting the first 15 completed registrations. Once that number is reached, future registrations will be placed on a waiting list and notified by **July 9, 2019** if space becomes available.

### **Meals:**

- All meals, between dinner on Sunday, July 28<sup>th</sup>, and breakfast on Thursday, August 1<sup>st</sup>, are provided. Please indicate dietary restrictions on the General Health & Medical History Form.

### **Questions:**

- Any questions, please contact Susan Matour, Associate Director, at 610-667-5778 or [smatour@archphila.org](mailto:smatour@archphila.org).

### **Mail All Forms and Fees To:**

- Vocation Office for the Diocesan Priesthood, Attn: Going Deeper 2019, 100 E. Wynnewood Road, Wynnewood, PA 19096. Checks should be made payable to *Vocation Office*.



## Going Deeper– July 28 – August 1, 2019

### Parental Permission & Medical Release Liability Form

**Registration Fee: \$75.00 Due by July 8, 2019 (*financial assistance available*)**

#### **PARTICIPANT INFORMATION:**

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

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

Parish: \_\_\_\_\_ Ethnicity (*Voluntary*): \_\_\_\_\_

Participant Lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_

*(please check one)*

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

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

Parent/Guardian Name(s): \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

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

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

**Past Quo Vadis Experience:** 2019 2018 2017 2016 2015 (*Please circle all past years attended, if applicable*)

**T-Shirt Size (*Adult sizes; Please circle*):** : XL L M S

#### **LIABILITY RELEASE:**

I (we) understand that I (we) am (are) the primary contact(s) for my (our) son, but in the event I (we) cannot be reached, the following person is authorized to act on my (our) behalf:

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

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

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

I (we) as parents/legal guardian(s) of, \_\_\_\_\_, grant permission for him to participate in *Going Deeper* at the Spiritual Year House, St. Matthew Parish, 51 E. 3<sup>rd</sup> Avenue, Conshohocken, PA from Sunday, July 28 to Thursday, August 1, 2019. I (we) understand that my (our) son may not leave early without my (our) written permission.

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

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

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

# Going Deeper – July 28 – August 1, 2019

## General Health & Medical History Form



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

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

Please explain reaction and indicate medications used to treat (*please bring medication*): \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

**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      |                                      |

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

**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):

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

- Advil  Tylenol  Mylanta  Roloids  Tums  Imodium

With my parents, I have completed the above information and will assume responsibility for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being, while participating in this program.

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

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

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

# Going Deeper – July 28 – August 1, 2019

## 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, dress, and behavior
- Respect other persons and/or property
- Adhere to stated curfew
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Heed any and all directions of activity staff
- Be aware of noise levels in gathering spaces, hallways, sleeping areas
- 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 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 other than their own.

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

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

- Dismissal of the youth from event or program (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 Program Coordinator 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 additional chores 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 (our) son violates these rules as determined by the Vocation Office for the Diocesan Priesthood, 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: \_\_\_\_\_



## **Going Deeper** **July 28 – August 1, 2019**

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

#### **Assumption of Risk**

I understand that part of this camp experience involves activities, arrangements, and interactions that may be new to my son, and that they come with certain uncertainties beyond what my son may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my son. I understand that neither 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/uncertainties, 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 my son and I both agree that he is familiar with these rules and will obey them.

#### **Trip and Photo Permission**

Parents or guardians give permission to have campers participate in the Vocation Office for the Diocesan Priesthood Going Deeper camp, held at the Spiritual Year House at St. Matthew Conshohocken, and in facilities managed and/or approved by the Archdiocese of Philadelphia during the week of July 28-August 1, 2019. All transportation will be provided by diocesan-approved vehicles and drivers.

Parents or guardians give permission to have photographs/videos and audios of campers used in printed materials, or for other media for promotional purposes for the Vocation Office of the Diocesan Priesthood or 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 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, death, or loss of property resulting, directly or indirectly, from any activities of *Going Deeper* 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**

The Vocation Office for the Diocesan Priesthood and the Archdiocese of Philadelphia are not responsible for lost or stolen property (cell phone, cameras, etc.).

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

The registration fee for the camp is due by July 8, 2019. This fee is refundable only if we have a waiting list for the camp. If there is a waiting list and you decide not to participate and ask for a refund, you will be given it, and the first man on the waiting list will be able to come. If there is no waiting list, then the deposit is non-refundable.

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 *Going Deeper*.

By signing below, I state that I have read and understood the Terms and Conditions of the *Going Deeper* Camp, as specified above, and held from July 28-August 1, 2019.

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Printed name of Parent or Guardian

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Signature of Parent or Guardian

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Date