



VOCATION OFFICE FOR THE
DIOCESAN PRIESTHOOD
ARCHDIOCESE OF PHILADELPHIA

HEED THE CALL

Quo Vadis Days 2020

Monday, June 29 - Thursday, July 2, 2020

REGISTRATION INFORMATION

Registration Deadline: Monday, June 1, 2020

General Camp Information:

- *Quo Vadis Days* are a 4-day camp held at Black Rock Retreat Center in Quarryville, PA. This camp is run by the Vocation Office for the Diocesan Priesthood and the seminarians from St. Charles Borromeo Seminary. During this camp, high school aged men in Grades 9 to 12 (incoming freshmen to graduated seniors) will 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, all meals, lodging, activities and supplies.
- The Vocation Office is making 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. 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:

- **Monday, June 1, 2020** - Completed and signed paperwork, as well as the registration fee, are due in the Vocation Office on this day.

Acceptance & Forms Required:

- The following forms are attached and are required to be completed, signed and dated for registration (by parent/guardian and participant where applicable). The forms and registration fee are due to the Vocation Office no later than **June 1, 2020**:
 - Parental Permission & Medical Release Liability Form
 - General Health History Form
 - Youth Code of Conduct
 - Terms and Conditions of Enrollment
 - Electronic Communication Form
- Because of limited space, we will only be accepting the first 100 completed registrations. Once that number is reached, future registrations will be placed on a waiting list and notified if space becomes available.

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 is between 4:30 and 5:00 pm.
- Optional bus transportation is also available on a first come/first served basis from the following locations:
 - Archbishop Wood, 655 York Rd, Warminster, PA 18974 (**20 seats**) with subsequent pickup at Mother of Divine Providence, 333 Allendale Road, King of Prussia (**20 seats**)
 - St. Charles Borromeo Seminary, 100 E. Wynnewood Road, Wynnewood PA 19096 (**40 seats**)

Meals:

- All meals, between lunch on Monday, June 29th, and dinner (boxed meal for travel) on Thursday, July 2nd are provided. Please indicate dietary restrictions on the General Health & Medical History Form.

Questions:

- Any questions, please contact Susan Matour at 610-667-5778 or smatour@archphila.org.

Mail All Forms and Fees To:

- Vocation Office for the Diocesan Priesthood, Attn: Quo Vadis 2020, 100 E. Wynnewood Road, Wynnewood, PA 19096. Checks should be made payable to *Vocation Office*.



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Quo Vadis Days: Monday, June 29 - Thursday, July 2, 2020
Parental Permission & Medical Release Liability Form

Registration Fee: \$25 to \$300 (Sliding Scale)

Please pay what you are able. Deadline: Monday, June 1, 2020

PARTICIPANT INFORMATION:

Participant Name: _____ Birthday: ____ / ____ / ____

High School: _____ Graduation Year: _____

Parish Name and City: _____ 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: _____

Adult Shirt Size: S M L XL XXL **Past Quo Vadis Experience:** 2019 2018 2017 2016
(*please select one*) (*Please check all past years attended*)

Gluten Free Hosts (*please select one*): I will need a GF host due to allergies I am not allergic to gluten

TRANSPORTATION INFORMATION:

Optional bus transportation provided from the following location at no cost - available on a first come/first served basis.

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

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

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

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

Bus 1: Archbishop Wood (Warminster) **8:15 am**

Bus 1: MDP (King of Prussia) **5:00 pm**

Bus 1: MDP (King of Prussia) **9:00 am**

Bus 1: Archbishop Wood (Warminster) **5:45 pm**

Bus 2: St. Charles Seminary (Wynnewood) **8:30 am**

Bus 2: St. Charles Seminary (Wynnewood) **6:00 pm**

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 behalf:

Name: _____

Address: _____

Cell Phone: _____ Relation to Participant: _____

I (we), as parent(s)/legal guardian(s) of _____, grant permission for him to participate in *Quo Vadis Days* at the BlackRock Retreat Center, 1345 Kirkwood Pike, Quarryville, PA 17566 from Monday, June 29 - Thursday, July 2, 2020. I (we) understand that my 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 I (we) 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: _____

Quo Vadis Days: Monday, June 29 - Thursday, July 2, 2020
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 specify allergen, reaction, and medication(s) used to treat (*please bring medication in original container*): _____

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 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 Rolaids 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 regarding my own health, safety and well-being, while participating in this program.

Participant Name: _____ Signature: _____

Parent/Guardian Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Quo Vadis Days: Monday, June 29 - Thursday, July 2, 2020

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 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 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 rooms with other camp participants not part of Quo Vadis Days 2020.

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 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 (we) / my (our) 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 (our) / 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 29 - July 2, 2020**

Terms and Conditions of Enrollment & Release of Liability

Assumption of Risk

I (we) understand that part of the camp experience involves activities, arrangements, and interactions that may be new to my (our) son, and that they come with certain risks and uncertainties beyond what my (our) son may be used to dealing with at home. The big component of this is the high ropes and low ropes team building course, but it is not exclusive of this component. I (we) am (are) aware of these risks, and I (we) am (are) assuming them on behalf of my (our) son. I (we) 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 (we) realize that no environment is risk free, and so I (we) have instructed my (our) son on the importance of abiding by the camp's rules, and I (we) and my (our) son 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 all activities of *Quo Vadis Days* at Black Rock Retreat Center.

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 (we), on behalf of myself (ourselves), my (our) 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, 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 (we) or anyone on my (our) behalf makes a claim against any of the Released Parties, I (we) 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 registration fee for the camp is due by June 1, 2020. This fee is refundable only if there is a waiting list for the camp. If there is a waiting list and you decide not to participate and ask for a refund, I (we) will receive 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 *Quo Vadis Days*.

By signing below, I (we) state that I (we) have read and understood the Terms and Conditions of the *Quo Vadis Days* Camp, as specified above, and held from June 29 - July 2, 2020.

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date



ARCHDIOCESE OF PHILADELPHIA

Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Parish: Archdiocese of Philadelphia

Parish Organization: Vocation Office for the Diocesan Priesthood

Name of Participant:

Address:

City/Town, State and Zip Code:

Home Phone: _____ Parent/guardian cell phone: _____

Parent/guardian E-mail:

***Please note:** By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.*

Optional information:

Participant's e-mail: _____

Participant's cell phone: _____

Sharing of a minor's contact information: (If the following statement is not checked, the information will not be shared.)

_____ I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this parish organization.

Name of Parent or Guardian _____
(please print)

Signature of Parent or Guardian _____

Date: _____