



Brothers of Borromeo Vocation Camp (B.B.V.C.)  
Archdiocese of Philadelphia

“Speak Lord, For Your Servant is Listening”

Saturday, April 10, 2021 – 9:00 AM to 3:00 PM

**REGISTRATION AND PARENTAL PERMISSION FORM**

**Registration due by Wednesday, March 24, 2021 ~ Cost \$25**

\*The Vocation Office Staff, all affiliates, and all participants will be taking proper precautions to prevent COVID-19

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size (Adult): \_\_\_\_\_

Parent/Guardian Phone During Event: \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parish/Location: \_\_\_\_\_

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: \_\_\_\_\_

***Recognizing that I as the parent/guardian will always be contacted initially in the event of an emergency, I authorize the following person to act on my behalf if I cannot be reached:***

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

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

Phone Number During Event: \_\_\_\_\_

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



I grant my permission for my son \_\_\_\_\_, to participate in BBVC on Saturday, April 10, 2021 (9:00 am to 3:00 pm) at Saint Charles Borromeo Seminary, 100 East Wynnewood Road, Wynnewood, PA 19096. I understand that my son may not leave early without my written permission.

Knowing that there will be proper supervision, in case of injury or COVID-19 related illness, I will not hold the Vocation Director for the Diocesan Priesthood, the Archdiocese of Philadelphia, St. Charles Borromeo Seminary or any person or persons connected with them liable. My signature below also gives the Vocation Office, the Archdiocese of Philadelphia, and St. Charles Borromeo Seminary 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 for \$25 made payable to Vocations Office:**

**Attn: BBVC 2021**  
Vocation Office for the Diocesan Priesthood  
Saint Charles Borromeo Seminary  
100 East Wynnewood Road, Wynnewood, PA 19096

<b>Office Use Only:</b>
Received: _____
Check #: _____