



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

Quo Vadis Days 2025

Monday, June 23 – Thursday, June 26, 2025

REGISTRATION INFORMATION

Registration Deadline: Friday, May 23, 2025



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 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 **Friday, May 23, 2025**.
 - Parental Permission & Medical Release Liability Form
 - Youth Code of Conduct
 - Terms and Conditions of Enrollment
 - Black Rock Retreat, Activity Participation Agreement
 - Payment

Transportation to Black Rock Retreat Center:

- Transportation to and from Black Rock Retreat Center, 1345 Kirkwood Pike, Quarryville, PA 17566, 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, June 23rd is at 9:30 am and pick up on Thursday, June 26th is at 3:30 pm. *All participants must be picked up no later than 4:30 pm.*
- Optional bus transportation is also available from Mother of Divine Providence Parish, 333 Allendale Rd, King of Prussia, PA 19406 at *no additional cost*. Bus transportation is limited to 40 participants and is available on a first come, first served basis.

Meals:

- All meals, between lunch on Monday, June 23rd, and lunch on Thursday, June 26th will be provided.
- Please indicate any dietary restrictions on the space provided on the Registration Form.

Registration Fee:

- The registration fee includes all meals, lodging, and activities as well as optional bus transportation to/from the camp.
- 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 at the middle to higher end of the scale.

Payment:

- **Mail all Forms and Payment to:**
Vocation Office for the Diocesan Priesthood
Attn: *Quo Vadis 2025*
1400 Evans Road Ambler, PA 19002
- **Payment for the camp is required at the time of registration.** If paying in the form of a check or money order, please make payable to *Vocation Office*. If paying by credit card, please contact the Vocation Office at 610-667-5778; please note that there is an additional 3% processing fee.

Questions? Please contact Grace Murphy at (gmurphy@archphila.org) or by phoning the Vocation Office at **610-667-5778**.



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Parental Permission & Medical Release Liability Form

PARTICIPANT INFORMATION:

Participant Name: _____ Birthday: ____/____/____

Home Address: _____

High School: _____ Graduation Year: _____

Parish Name and City: _____

Adult Shirt Size: S M L XL XXL Past *Quo Vadis* Experience: 2021 2022 2023 2024

Parent / Guardian #1

Name: _____

E-Mail: _____ Phone Number: _____

Parent / Guardian #2

Name: _____

E-Mail: _____ Phone Number: _____

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 mentioned above.*

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 23, 2025 – Thursday, June 26, 2025. I understand that he may not leave early or with another individual 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

If the participant has been under the care of a physician within the past 12 months and there are any questions 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

PARTICIPANT NAME: _____

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., recent 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



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Lodging and Transportation Information

PARTICIPANT NAME: _____

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 Our Lady of Divine Providence Parish, KOP, 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 my son off at Black Rock at **9:30 am**
- Bus from Mother of Divine Providence (KOP) **8:30 am**

Thursday: Transportation Home (please select one):

- I will pick up my son at Black Rock by **4:30 pm**
- Bus to Mother of Divine Providence (KOP) **5:00 pm**

ROOMING REQUESTS

Rooms at *Quo Vadis* are hotel-style with 3 beds and a private bathroom in each room.

Rooming assignments are made by the Vocation Office based on several factors, including age, school, parish, and small group. If there is someone your son would like to room with, please indicate below. Feel free to also indicate any reason for the request (i.e., brothers, family circumstance, etc.). *Please note that rooming requests are not guaranteed.*

For any questions or concerns, please contact Grace Murphy in the Vocation Office at 610-667-5778.

Roommate Request 1: _____

Roommate Request 2: _____

Notes: _____



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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 23 – June 26, 2025

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, 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 23, 2025**. 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.

In the event *Quo Vadis* Days is cancelled 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*).

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

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 23 - June 26, 2025.

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date

Black Rock Retreat Waiver, Release, and Indemnification Agreement

- 1. Assumption of Risk.** I expressly understand and agree that I am personally responsible for my safety and actions while using the facilities and premises and participating in the programs at Black Rock Retreat (the "Activity"). On behalf of myself and as a parent and/or legal guardian of minors participating in any Activity (the "Minor"), I acknowledge that the Activity involves risk and may result in various types of injury including, but not limited to, to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I agree to comply with all Black Rock Retreat policies and rules, including but not limited to all Black Rock Retreat policies, guidelines, signage, and instructions. I further understand that I am responsible for evaluating the risks that Minor or I may face. I understand that I am responsible for evaluating the risks Minor or I face by using the facilities and premises and participating in the Activity.

I have done so and by my signature below, by Minor's or my engagement in the Activity, and by use of transportation to and from the Activity, in exchange for the opportunity to voluntarily use the facilities, premises and programs of Black Rock Retreat, on behalf of Minor and myself, I have assumed the risk for and am responsible for our actions.

- 2. Acknowledgement of Safety Measures to be Utilized by Guest and Black Rock Retreat.** Black Rock Retreat will take certain safety measures to help prevent, as best it reasonably can, infection or the spread of illness. Black Rock Retreat will also stay apprised of any recommendations from the CDC and will consider action accordingly. In the event that the CDC or Black Rock Retreat recommends additional safety measures, I agree to pursue utilization of such safety measures upon verbal or written request of Black Rock Retreat.
- 3. Indemnification and Hold Harmless.** I specifically understand that I am personally responsible for Minor's and my actions and omissions, and any resulting sicknesses or injuries and agree to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Black Rock Retreat, and its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, and legal representatives (the "Releasees"), from any and all actions, claims, or demands that Minor and I, for ourselves and on behalf of our family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, have or may have for any and all sicknesses or injuries relating to or resulting from the Activity that Minor or I may suffer or sustain, regardless of cause or fault, as a result of our voluntary decision to utilize the facilities and premises of Black Rock Retreat, caused by any act or omission of Black Rock Retreat and/or Minor or by me, resulting from utilizing the facilities and premises of Black Rock Retreat.
- 4. WAIVER OF CLAIMS.** In consideration of being allowed to utilize Black Rock Retreat's facilities and premises, on behalf of myself and Minor (individually and collectively referred to herein as "Releasor"), I hereby waive any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of Black Rock Retreat, or the Releasees, including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to Releasor's use of Black Rock Retreat's facilities, premises and participating in the Activity. Releasor further waives any and all

liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from Guest's use of and entrance upon Black Rock Retreat's facilities and premises. Releasor acknowledges and agrees that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after Guest's use of Black Rock Retreat's facilities, premises and participating in the Activity. By signing this agreement Releasor is giving up legal rights.

In signing this Waiver, Release, and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, understand its terms and provision, understand it affects my legal rights individually and my legal rights as a parent/legal guardian, as well as the rights of the Minor, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Group Name: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____