

**Archdiocese of Portland Office of Vocations
Quo Vadis Days June 19-22, 2017**

REGISTRATION FORM TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (son)

to participate in Quo Vadis Days June 19-22, 2017 at Camp Howard. Parent/Youth are responsible for transportation to and from event.*

- I authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.
- I understand the guidelines for this activity of no smoking, drugs, alcohol, or weapons. In the interest in the safety of everyone, I give permission to the chaperones and staff of this event to inspect my child's belongings if there is cause to do so. "Cause" includes, but not limited to, rumors and reports from other students.
Please initial here: _____
- I hereby give Archdiocese of Portland Vocations Office permission to use a photograph of the minor (person under 18) named below on its website (www.archdpxvocations.org), Facebook page, and flyers for youth events. I understand that there will be no identifying information (e.g. name, age, etc.) about the minor on the website, Facebook page or event flyers unless permission is revoked by written notice to Archdiocese of Portland Vocation Office. Please initial here: _____

Participant's Name _____ Parish _____

Pastor _____ Pastor's Signature _____

School _____ City _____ expected graduation year _____

Grade _____ T-shirt size _____

Date of Birth _____ In need of bus shuttle to and from event ? ___ yes ___ no

Address _____

Email Address _____ Phone _____

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

Insurance Carrier _____ Group or ID# _____

In case of emergency, please notify:

Parent/Guardian (s) _____ Email _____

Day Phone Number(s) _____ Evening Phone Number _____

Participant's Doctor _____ Phone Number _____

Parent/Guardian Signature

Date