



DIOCESE OF YAKIMA

QUO VADIS DAYS

VOCATION DISCERNMENT YOUTH RETREAT FOR YOUNG MEN

REGISTRATION FORM



Corporation of the Catholic Bishop of Yakima
5301-A Tieton Drive
Yakima, Washington 98908



QUO VADIS DAYS

REGISTRATION FORM FORMA DE REGISTRACIÓN

YOUTH PARTICIPANT TO COMPLETE THIS FORM

Please print / Por favor imprime

Participant's name/ Nombre del Participante: _____

Age/ Edad: _____

Size of Shirt/ Talla de Camiseta (S, M, L, XL): _____

E-mail/ Correo Electrónico: _____

School/ Escuela: _____

Grade/ Grado: _____

Home phone/ Teléfono: _____

Cell/Celular: _____

PARISH INFORMATION/ INFORMACIÓN DE SU PARROQUIA

Parrish/ Parroquia: _____ City/Ciudad: _____

Pastor's Signature/ Firma del Pastor: _____

Why do you want to come to the retreat? / ¿Porque quieres asistir al retiro?: _____

YOUTH - Participant Signature/ JOVEN - Firma del Participante: _____

Date/Fecha: _____

**Please return this REGISTRATION FORM to Daniel Sanchez
Diocese of Yakima 5301-A Tieton Drive, Yakima, WA 98908**

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from

Name of parish

A brief description of the activity follows:

Type of event: Three-day retreat

Date of event: Monday, July 29 – Wednesday, July 31

Destination of event: Camp Koinonia, Cle Elum

Individual in charge: Seminarian Daniel Sanchez

Estimated time of departure and return: TBD—Will have details in June

Mode of transportation to and from event: Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees

and agents, and the Arch/Diocese of _____, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of _____, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:



Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of _____, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, method of administration are as follows:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child _____



