

Please return completed form to the address at the end of this form.

DIOCESE OF PATERSON - QUO VADIS RETREAT

Registration Form for Persons under 18 years of age

Location: Sacred Heart Spirituality Center, 20 Old Swartswood Road, Newton, NJ 07860

Date of Event: June 27 – 29, 2017

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____, give permission for my son,
(parent/guardian)
(name of son) _____ to take part in the Quo

Vadis Retreat supervised by diocesan employees and volunteers. I agree to allow my child to participate in this event. I agree and understand that I am responsible for the transportation to and from the retreat center. I authorize the Diocese of Paterson 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.

PARENT / GUARDIAN'S SIGNATURE

DATE

Print Child's Name Clearly: _____

Age: ____ Date of Birth: _____ Grade: _____

Address: _____
City *Zip*

Phone #'s: Home: _____ Cel: _____

Email Address: _____

Home Parish/City: _____

Pastor: _____

T-Shirt Size (S, M, L, XL, XXL): _____

Is the child in general good health and able to participate in all normal youth activities?

____ Yes ____ No If not, please explain limitations: _____

Emergency Contact – Please provide information for two persons:

1)

Print Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #'s: Home _____
Work _____
Cel. _____

2)

Print Name: _____ Relationship: _____

Address: _____
City State Zip

Phone #'s: Home _____
Work _____
Cel. _____

Parents / Participants are advised that photographs or videotapes of participants may be used in publications, website or other materials produced from time to time by the Office of Vocations or the Diocese of Paterson. (Participants would not be identified; however, without specific written consent.) Participants who do not wish to be photographed or filmed should notify the Office of Vocations in writing. Please note that the Office of Vocations has no control over the use of photographs or film taken by the media that may be covering the event of participation.

PARENT OR GUARDIAN

DATE

Please return the registration form to:

**Office of Vocations
QVD Retreat
777 Valley Road
Clifton, NJ 07013**