

# 2008 EMMAUS DAYS REGISTRATION FORM (MINOR-UNDER 18)

(Return all forms two weeks prior to the beginning of the session you would like to attend.)

### PERSONAL INFORMATION

NAME \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ For : 2008-2009 \_\_\_\_\_

Check the box of the session you would like to attend.

- Session I: (H.S. Graduates and older)  
June 6-9, 2008  
King's House- Henry, IL
- Session II: (Juniors and Seniors)  
June 27-30, 2008  
King's House- Henry, IL
- Session III: (Freshmen and Sophomores)  
July 6-9, 2008  
St. Bede Abbey- Peru, IL  
**Circle T-shirt size: S M L XL**
- Session IV: (7<sup>th</sup> and 8<sup>th</sup> Graders)  
July 9-11, 2008  
St. Bede Abbey- Peru, IL  
**Circle T-shirt size: S M L XL**

### PARISH INFORMATION

PARISH NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PASTOR \_\_\_\_\_

I previously attended Emmaus Days

YES \_\_\_\_\_ NO \_\_\_\_\_

If **YES**, list years \_\_\_\_\_

If **NO**, I heard about Emmaus Days from -  
(Check all that apply)

- \_\_\_\_\_ Priest                      \_\_\_\_\_ Seminarian
- \_\_\_\_\_ Family                      \_\_\_\_\_ Teacher
- \_\_\_\_\_ Friend                      \_\_\_\_\_ Other

*Parish Fee \$95*

*Pastor's Signature:*

\_\_\_\_\_ Date: \_\_\_\_\_

*Applicant's Fee \$60*

*Parent/Guardian's Signature*

\_\_\_\_\_ Date: \_\_\_\_\_



**Make Checks Payable To:**  
**THE CATHOLIC DIOCESE**  
**OF PEORIA**

**Mail Materials Back To:**  
**OFFICE OF VOCATIONS**  
**512 E. KANSAS STREET**  
**PEORIA, IL 61603**

#### For Office Use Only

Parish Fee Paid \_\_\_\_\_

Applicant Fee Paid \_\_\_\_\_

**PERMISSION FORM FOR**

**EMMAUS DAYS**

Participant's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in Emmaus Days. This activity will take place under the guidance and direction of The Office of Vocations employees and/or volunteers.

I understand the risks such activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

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

In consideration for my child being allowed to participate in this activity, I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** The Office of Vocations, its officers, directors and agents, and the Catholic Diocese of Peoria, or representatives associated with this program arising from or in connection with my child participating in this program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate The Office of Vocations, its officers, directors and agents, and the Catholic Diocese of Peoria or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

## STUDENT / MINOR

Name (first, middle, last): \_\_\_\_\_

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

\_\_\_\_\_

## EMERGENCY CONTACTS:

### Parent(s) or Guardian

Name (First, middle, last): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

### Other Contact

Name (first, middle, last): \_\_\_\_\_

Relationship (friend,  
Relative, neighbor, etc): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

## STUDENT/MINOR's REGULAR PHYSICIAN:

Name (first, middle, last): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

## MEDICAL CONDITIONS:

Please list any medical conditions of the above student/minor (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies or allergic reactions to medications of the above student/minor:

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Please list any medications the above student/minor is now taking:

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Date of student/minor's most recent tetanus shot:

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Other pertinent medical information:

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**MEDICAL INSURANCE INFORMATION:**

Company (primary medical provider): \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Identification number of plan: \_\_\_\_\_

Identification # of covered employee: \_\_\_\_\_

# ATTACHMENT A

## Authorization for Emergency Medical Treatment Overnight Activity

This information will be kept in the possession of The Office of Vocations and distributed to the person in charge of this activity. Should the need arise; this information will be given to the proper medical authorities.

I, \_\_\_\_\_, understand that in the case of illness of my child,  
\_\_\_\_\_, will try to notify me or the person I have listed below as an emergency contact.

In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to The Office of Vocations and/or any supervising employee to do as follows:

1. Arrange for the transportation of y child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

\_\_\_\_\_  
(Printed name of Parent/Guardian)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF ILLINOIS            )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

SIGNED AND SEALED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**ATHLETIC, SPORTING AND OTHER EVENTS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

A brief description of the activity follows:

Type of Event: **EMMAUS DAYS**

Location(s): **KING'S HOUSE OF RETREAT and/or ST. BEDE ABBEY**

Individual in charge: \_\_\_\_\_

Duration of Activity: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

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

I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PUBLICITY FORM

On occasion, \_\_\_\_\_[Organization or Event Name] take photographs or make an audio or video tape recording of the participants involved in the activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in \_\_\_\_\_[Organization or Event Name] publications or advertising materials to let others know about \_\_\_\_\_[Organization or Event Name]. In addition, local news organizations may hear of our activities or events, and \_\_\_\_\_[Organization or Event Name] may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of \_\_\_\_\_[Organization or Event Name] see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Printed name of Parent/Guardian

Date: \_\_\_\_\_

Date: \_\_\_\_\_