Quo Vadis / Fiat Days 2019
REGISTRATION PACKET INSTRUCTIONS

Please complete each page of the registration packet. The registration packet includes the following:

☐ Registration & Parental/Legal Guardian Permission Form and Release (page 1)

☐ Medical Matters (page 2)

☐ Youth Code of Conduct/Dress Code (pages 3 and 4)

☐ Terms and Conditions of Enrollment (page 5)

☐ A.D. Times Release Form (page 6)

☐ Scholarship Assistance Application Form (if applicable, page 7)

☐ Parent/Sibling Information (page 8)

Payment MUST accompany completed registration. $60 Early Bird registration fee before June 14, 2019. $85 Registration fee after June 14, 2019.

DEADLINE FOR REGISTRATION IS JUNE 28, 2019. No registrations after June 28 will be accepted. No walk-ins.

Mail complete registration packet along with appropriate registration fee no later than June 28, 2019 to:
ATTN: Quo Vadis / Fiat Days, Diocese of Allentown, Office for Vocations Promotion, P.O. Box F, Allentown, PA 18105-1538

Make checks payable to “Diocese of Allentown”
Quo Vadis / Fiat Days 2019
Registration & Parental/Legal Guardian Permission Form & Release

Please print clearly

Participant’s name ____________________________________ Male____ Female____ Date of Birth______ Age____

Parent/Legal Guardian’s name(s) ______________________________________________________________

Home address ________________________________________________________________

City_____________________________ State____________ Zip________________

Home phone __________________ Business phone __________ Cell Phone __________

Home Parish __________________ City __________________

School __________________

T-SHIRT SIZE: S    M    L    XL    XXL (Please circle one)  Email_______________________________

I (we), ______________________ grant permission for my (our) child, _________________________ (Child’s name)
(Parent or legal guardian’s name(s))

to participate in Quo Vadis/Fiat Days. This permission includes all related programs or activities associated with the event. This event will take place under the guidance and direction of employees and/or volunteers from Diocese of Allentown, Office for Vocations Promotion. My (Our) child understands and agrees to abide by all rules and regulations, and the Code of Conduct pertaining to this event.

Description of Camp:
Location of camp: DeSales University
Date of event and estimated time of event: Sunday, July 14, 2019 through Thursday, July 18, 2019
Registration begins 12:00 PM on July 14 and Pickup is 1:00 PM on July 18
Individual in charge: Reverend Mark R. Searles, Director, Office for Vocations Promotion

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by the above named minor (“participant”). In consideration for my (our) child’s participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the activities of Quo Vadis/Fiat Days camp, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend the Diocese of Allentown, Most Reverend Monsignor Alfred A. Schlert, D.D., J.C.L., Bishop of Allentown, Office for Vocations Promotion and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the camp (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child’s participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney’s fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I (we) have read carefully this entire Registration and Parental/Legal Guardian Permission Form & Release and agree to its terms and intend to be bound hereby.

Participant’s signature ______________________ Date ______

Parent/Legal Guardian signature ______________________ Date ______

Parent/Legal Guardian signature ______________________ Date ______

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P.O. Box F, Allentown, PA 18105-1538

Make checks payable to “Diocese of Allentown”
For more information, contact Reverend Mark R. Searles, Director, Office for Vocations Promotion, 610-437-0755 or msearles@allentowndiocese.org

SCHOLARSHIPS ARE AVAILABLE. Call or email the Director for Vocations Promotion
DIOCESE OF ALLENTOWN
PARENTAL/LEGAL GUARDIAN PERMISSION FORM & RELEASE

MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my (our) child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

Name & relationship ____________________________ Phone ____________________________

Family physician ____________________________ Phone ____________________________

Medical Insurance Information
Health Plan Carrier ____________________________

Group # ____________________________ I.D. # ____________________________

Subscriber’s Name ____________________________

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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, are as follows:

________________________________________________________________________

________________________________________________________________________

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

Specific Medical Information: The Office for Vocations Promotion should be aware of the following medical conditions. (The Office for Vocations Promotion 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? ____________________________

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

Other known physical, emotional, social or medical conditions or other specific information which may affect participation in Quo Vadis/Fiat Days: ____________________________
Quo Vadis/Fiat Days
Youth Code of Conduct / Dress Code

Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, behavior, and dress
  - NOT PERMITTED: Sagging pants or shorts that reveal undergarments; clothing that may appear to have an anti-Christian message or with writings that include crude language, promotion of alcohol or drug use, or suggestive material or a crude or sexual nature
  - Out of respect, during all Liturgies and prayers, every male, youth or adult, must remove any headwear. This includes all hats, visors, headbands, bandanas, etc.
- Respect other persons and/or property
- Adhere to stated curfew
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Heed any and all directions of activity staff
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the prayerful and reflective spirit of the event
- Report problems of any kind to a trusted adult
- Leave cell phones, IPads, and any other electrical devices in their rooms, unless specific permission is granted by the Director, Office for Vocations Promotion

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 sexual activity or peer sexual harassment, or any kinds of inappropriate touching or harassment.
- Engage in behavior that could result in injury to self and/or other camp participants and/or chaperones.
- Damage or deface property. Damage or defacing of property will be the financial responsibility of the participants involved and the participant’s parents/legal guardians.
- Leave the premises unless accompanied by an adult leader, parent or legal guardian.
- Visit or gather in rooms other than their own.

Youth Participant Sanctions for Non-Compliance:

If a young person violates the Youth Code of Conduct/Dress Code, any or all of the following sanctions may be implemented:

- Dismissal of the youth from event or program (whereby it would become the responsibility of parent/legal guardian to ensure timely, accompanied, and safe transportation home).
- Minor violations of the Rules of Conduct will be judged at the discretion of the program coordinator 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 clean-up, and writing apologies.

(CONTINUED ON NEXT PAGE)
Quo Vadis/Fiat Days
Youth Code of Conduct / Dress Code

My (our) signature below also acknowledges that I (we) understand and agree with the terms of the Youth Code of Conduct/Dress Code and gives The Diocese of Allentown, Office for Vocations Promotion, permission to use pictures and videos from the event in which my (our) child may appear for promotional materials.

THIS SECTION MUST BE COMPLETED AND SIGNED.

Participant’s Signature______________________________________________

(Please print clearly)
Parent/Legal Guardian’s Name_______________________________________

Parent/Legal Guardian/s Signature____________________________________

Home Phone of Parent/Legal Guardian________________________________

Youth are NOT registered until all completed registration forms are received.
Quo Vadis/Fiat Days 2019
Terms and Conditions of Enrollment

Acceptance and forms required
All of the following are required: 1) Registration and Parent-Legal Guardian form and Release, 2) Medical Matters health form, 3) Youth Code of Conduct/Dress Code, 4) the Terms and Conditions of Enrollment, and 5) A.D. Times Release Form.

A complete registration packet, including the above forms, is due to the Office for Vocations Promotion no later than June 28, 2019.

Transportation to and from DeSales University is the responsibility of the participant and his family.

Trip and photo permission
Parents or legal guardians give permission to have children participate in all activities of Quo Vadis/Fiat Days at DeSales University.

Parents or legal guardians give permission to have photographs/videos and audio recordings of camper used in printed materials, or for other media for promotional purposes for the Office for Vocations Promotion.

Personal Property
DeSales University, the Office for Vocations Promotion and the Diocese of Allentown are not responsible for lost or stolen property (cameras, iPads, etc.). iPads and laptops are strictly prohibited. If you choose to bring a cell phone, it must be left in the dorm room during the day at your own risk. If the participant is caught using the cell phone during activities, the cell phone will be confiscated.

Cancellation, billing, and refund policies
The registration fee is refundable only if there is a waiting list for the camp. If there is a waiting list and you decide to not participate and ask for a refund, you will be given it, and the first person on the waiting list will be able to come. If there is no waiting list, then the registration fee is non-refundable.

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

There is no allowance or refund for any absences, missed days, late arrival, dismissal, partial weeks, or early withdrawal of a participant during the Quo Vadis/Fiat Days Vocation Event.

Participant Code of Conduct
All participants of Quo Vadis/Fiat Days 2019 are required to read and sign the rules of conduct. If there are violations of the rules of conduct on behalf of the participant, the Office for Vocations Promotion and DeSales University reserves the right to ask the participant to leave, or other lesser forms of disciplinary action. If there is damage to any property that occurs as a result of the participant’s actions, the parent or legal guardian will be responsible for reimbursement to the Office for Vocations Promotion and/or DeSales University.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by the above named minor (“participant”). In consideration for my (our) child’s participation, I (we) and my (our) child, agree and understand that I (we) assume the risks inherent in the activities of Quo Vadis/Fiat Days camp, and with full knowledge of the risks, I (we), and our heirs, successors and assigns, agree to release and to hold harmless and defend the Diocese of Allentown; Most Reverend Monsignor Alfred A. Schlert, D.D., J.C.L., Bishop of Allentown, Office for Vocations Promotion and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the camp (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child’s participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney’s fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

By signing below, I (we) state that I (we) have read and understand this sheet of terms and conditions of the Quo Vadis/Fiat Days Vocation Camp, running from July 14 to July 18, 2019.

____________________________  ______________________________
Signature of Parent or Legal Guardian
Printed Name

____________________________  ______________________________
Signature of Parent or Legal Guardian
Printed Name

____________________________
Date
Date _____ _______________________

**Release form**

I authorize The A.D. Times and the Diocese of Allentown to use my and/or my child’s name, statements and likeness, without charge, for news or promotional purposes in the newspaper, on the diocesan website, on social media, and in other publications or formats.

Name/child’s name_______________________________________________________

Parent’s name________________________________________________________________

Signature/Parent’s signature_______________________________________________

Address__________________________________________________________________

Phone____________________________________________________________________

E-mail___________________________________________________________________

Quo Vadis/Fiat Days 2019
Quo Vadis/Fiat Days 2019
Scholarship Assistance Application Form

(If you are requesting assistance for more than one child, a separate form must be completed for each child.)

Participant’s name_________________________________________ Date of Birth ____________________

Parent/Legal Guardian’s name_______________________________________

Home Address_____________________________________________________

City________________________________ State________ Zip_________________

Home Phone________________________ Cell phone_______________________

Email___________________________________________________________

Parish_________________________ Pastor_____________________________

Please describe the circumstances surrounding your request for financial assistance

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Participant’s Signature ___________________________________________ Date __________________

Parent/Legal Guardian signature _________________________________________
Check-In Time for Campers  
(at dormitories—follow event signs)  
12:00-1:00 pm

You are warmly invited to attend:

The Holy Sacrifice of the Mass  
(satisfies Sunday obligation)  
1:30-2:45 pm

BBQ Dinner Cook-Out  
A donation of $10 per person to attend the BBQ Dinner Cook-Out is requested.  
3:00-4:00 pm

Parents & Siblings Information Session  
4:15-4:45 pm

Please clip and return the portion below with your registration packet.

(Please print)

Parent-Legal Guardian Name(s)

(Please check one)
I/we will_____ will not_____ attend the Holy Sacrifice of the Mass

_____ Number of Adults who will attend Mass  
_____ Number of Siblings who will attend Mass

(Please check one)
I/we will_____ will not_____ attend the BBQ Dinner Cook-Out

A donation of $10 per person to attend the BBQ Dinner Cook-Out is requested.  
_____ Number of Adults who will attend cook-out  
_____ Number of Siblings who will attend cook-out