

**“COME AND SEE”**  
A WEEKEND AT  
**SAINT CHARLES BORROMEEO SEMINARY**

**SCHEDULE**

Arrival: Friday, September 22, 2015 between 3:30pm. and 4:30pm.

Departure: Sunday, September 24, 2015 at approximately 12:00  
noon

Your room and all meals are included.  
Transportation available

**ITEMS TO BRING**

Book to write in and toiletries  
Athletic attire for sports  
The Liturgy of the Hours or Christian Prayer (if you have one)

**\*Attire for the weekend is business casual.\***

**WHAT YOU WILL EXPERIENCE**

- ✧ Participation in the celebration of the Mass and  
the Liturgy of the Hours with the Seminary Community
- ✧ The Sacrament of Reconciliation
- ✧ Evening Prayer and Eucharistic Holy Hour with the Allentown Seminarians
- ✧ Talks by the Allentown Seminarians,  
His Excellency, Bishop Timothy C. Senior, Rector, and  
Mr. James F. Growdon, Academic Dean of the College Division
- ✧ Sight-seeing in Philadelphia
- ✧ Dinner with the Allentown Seminarians
- ✧ Tour of the Seminary Campus
- ✧ Time for private prayer and reflection

## REGISTRATION FORM

### "COME AND SEE"

A WEEKEND AT

### SAINT CHARLES BORROMEO SEMINARY

100 EAST WYNNEWOOD ROAD  
WYNNEWOOD, PA 19096

September 22-24, 2023

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parish: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency

Contact Telephone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Mobile Telephone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_

If Registrant is under 18 years of age, please provide the following information:

Medical Insurance company:

Policy #:

Group #:

Do you need transportation to or from Saint Charles Borromeo Seminary \_\_\_\_ yes \_\_\_\_ no

\*Registration is Free but required; Deadline for registration is September 15, 2023\*

Please mail the completed registration form to  
Diocese of Allentown  
Vocation Office  
P.O. Box F  
Allentown, PA 18105-1538

For more information please contact the Vocations Office at (610) 437-0755 or  
[msearles@allentowndiocese.org](mailto:msearles@allentowndiocese.org)

9/6/23

**DIOCESE OF ALLENTOWN – Office of Vocations**

**YOUTH MINISTRY LIABILITY RELEASE & MEDICAL INFORMATION**

Participants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian's name(s): \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_

Event Description: Come & See Weekend Date/Time: Sept 22-24, 2023  
Location: St. Charles Borromeo Seminary, Wynnewood, PA  
Transportation Information: Private Transportation

I (we), \_\_\_\_\_ grant permission for our child, \_\_\_\_\_ to  
(Parent or guardian's name) (Child's name)

participate in this program. This activity will take place under the guidance and direction of employees and/or volunteers from The Diocese of Allentown and St. Charles Borromeo Seminary. I also give my permission for my child's picture/video to be taken as a part of youth ministry activities & to be used in any promotion of parish youth activities including the website. *(Details regarding multimedia usage found on the back of this form)*

My (Our) child understands and agrees to abide by all rules and regulations established by the Diocese.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. 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 program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend St. Charles Borromeo Seminary, the Archdiocese of Philadelphia, Archbishop Charles J. Chaput, OFM Cap., D.D., the Diocese of Allentown, Monsignor David James, Bishop John O. Barres, D.D., S.T.D., J.C.L., and all of their employees and representatives 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.

**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 child. I (we) also hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

**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) and the above numbers, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Health Plan Carrier:** \_\_\_\_\_

Group #: \_\_\_\_\_ I.D.#: \_\_\_\_\_

*If your child is taking any medications or has any specific medical needs that should be brought to our attention (allergies, immunizations, dietary needs, physical limitations, exposure to contagious diseases (mumps, measles, etc.) please let us know by using the back of this form.*

*form continued on the next page, signature required*

## MEDICAL MATTERS (CONT.)

**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:

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**Specific Medical Information:** The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

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

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Immunizations: (Date of last tetanus/diphtheria immunization):

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Does child have a medically prescribed diet?:

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Any physical limitations?:

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

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Other concerns (academic, physical, behavioral, intellectual, etc):

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## MULTIMEDIA USAGE

By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by St. Charles Borromeo Seminary and the Diocese of Allentown, including the Office of Vocations. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display.

I agree that the photograph/ image shall be free for use and release St. Charles Borromeo Seminary, the Diocese of Allentown, including the Office of Vocations, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

We have read carefully this Youth Ministry Liability Release & Medical Information Form and agree to its terms and intend to be bound hereby:

Participants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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