



Visit to St. John Vianney College Seminary (SJV)

***THURSDAY, OCTOBER 13 – SATURDAY, OCTOBER 15, 2022**

FOR YOUNG MEN AGES 16 – 24

WHY VISIT THE SEMINARY?

- Meet current seminarians.
- Learn more about the life of a seminarian.
- Time for prayer and discernment.
- Attend classes and hear inspiring talks.
- Discern God's will for you.
- Meet other young men from Joliet discerning God's will in their lives.

WHAT SHOULD I BRING?

- Sleeping bag and pillow
- Personal toiletries
- Dress clothes for Mass
- Gym clothes for open gym
- Bible, rosary, spiritual reading for Holy Hour
- Personal spending money

SEMINARY VISIT SCHEDULE

Thursday, October 13

9:00 AM Pick up group at Home Depot on Butterfield Road and I-355
 4:00 PM Arrive at SJV Seminary, welcome, Mass, introductory talks

Friday, October 14

Holy Hour, Mass, UST tour, talks, meals, time with seminarians, attend classes at UST

Saturday, October 15

9:00 AM Leave SJV for Joliet
 4:00 PM Arrive in Diocese of Joliet

**For more information please call the Diocese of Joliet Vocation Office at 815-221-6171*

SJV Seminary Visit Registration

I will attend the visit to St. John Vianney College Seminary Oct. 13-15, 2022

Name: _____

Birthdate: ____ / ____ / ____

Address: _____

Parish: _____

Grade in School: _____

Phone: _____

School: _____

Parent or Guardian Signature: _____

Email: _____

Please include the name and phone number and relationship of the person who will be transporting you to and from drop off point:

Name: _____

Phone #: _____

Relationship: _____

Return this form no later than Oct. 10th to the Vocations Office:

email to Vocations@dioceseofjoliet.org or fax: 815-838-8129

Mailing address: Blanchette Catholic Center, Vocations Office, 16555 Weber Road, Crest Hill, IL 60403

There is no cost for this trip. The Diocese of Joliet will provide all meals and transportation.

Call Fr. Steve Borello or Debbie Camp at 815-221-6171 if you have any questions.

**JOLIET DIOCESE VOCATION OFFICE
ST. JOHN VIANNEY SEMINARY TRIP
PARENTAL PERMISSION FORM**

PARENTAL / GUARDIAN AUTHORIZATIONS - Required of all participants

I hereby give permission for my child _____ to participate in the trip to St. John Vianney Seminary in St. Paul, MN from October 13-15, 2022, with the designated chaperone. Authorization and permission is hereby given to the diocese to furnish any necessary transportation, food and lodging for my child. I hereby release and indemnify the Vocations Office, its staff, volunteers, and the Diocese of Joliet, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I further agree to hold harmless and indemnify the Diocese of Joliet, its directors, employees and agents, for any liability sustained by the diocese as the result of the negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

Student Name _____ Signature of Parent/Guardian _____
Birthdate ____/____/_____
Year in School _____ Phone Number _____
Student Email _____

+++++

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to (Fill in the name of the child) _____ BY THE PEOPLE IN CHARGE OF THE ST. JOHN VIANNEY SEMINARY TRIP, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian _____ Date _____

Parent Email _____ Cell Phone _____

Address _____

Any medication or medical condition that chaperones should be aware of: _____

+++++

INSURANCE INFORMATION

Policy in name of: _____

Insurance Company: _____ Policy No.: _____

Send this completed form to the Vocations Office
email to Vocations@dioceseofjoliet.org or fax: 815-838-8129
Mailing address: Blanchette Catholic Center, Vocations Office, 16555 Weber Road, Crest Hill, IL 60403