



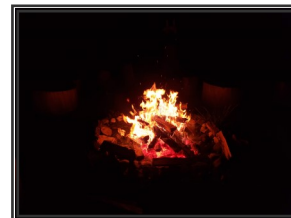
Quo Vadis Quarterly

SATURDAY, NOV. 20, 2021

ST. AMBROSE CHURCH & CREST HILL LANES



DIOCESE OF JOLIET



FOR H.S. BOYS IN FRESHMAN THROUGH SENIOR YEARS FROM THE JOLIET DIOCESE

Quo Vadis Day is a day designed to encourage high school men to pursue relationship with God and Their peers.

The camp is filled with Holy Mass, dynamic talks, Small groups, prayer opportunities, as well as fun activities.

The camp is open to all high school students between their Freshman through senior years who want to grow in their relationship with the Lord and learn more about the priesthood.

Register below and on Eventbrite for tickets. Please also complete the permission form on the reverse side.

SCHEDULE

- 10:00 a.m. Gathering at St. Ambrose, Crest Hill
- 10:15 a.m. Opening session
- 10:45 a.m. Prayer and Adoration
- 11:15 a.m. Depart for Crest Hill Bowling Lanes
- 11:30 a.m. Bowling/pizza social
- 1:00 p.m. Closing session
- 1:30 p.m. Dismissal
(pick up from Crest Hill Lanes)

\$10.00 Registration fee includes lunch & bowling

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

QUO VADIS QUARTERLY REGISTRATION

I will attend Quo Vadis Day at St. Ambrose and Crest Hill Lanes on Saturday, November 20, 2021

Name: _____

Birthdate: ___ / ___ / ___

Address: _____

Parish: _____

Grade in School: Fr. So. Jr. Sr.

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 the event:

Name: _____ Phone #: _____ Relationship: _____

\$10.00 Registration Fee paid: _____

Return this form no later than November 11, 2021

**Joliet Diocese Vocation Office · 16555 Weber Road · Crest Hill, IL 60403
or Fax to: 815.838.8129**

Food Sensitivities/Allergies: _____

A Parent Permission Form is also Required (see reverse side of this form)

**There is a \$10.00 registration fee. Lunch will be provided.
Call Tami Brongiel at 815.221.6171 if you have any questions**

JOLIET DIOCESE VOCATION OFFICE
Quo Vadis Quarterly Gathering
PARENTAL PERMISSION FORM

PARENTAL / GUARDIAN AUTHORIZATIONS - Required of all participants

I hereby give permission for my child _____ to participate in Quo Vadis Day in Crest Hill, IL on November 20, 2021 with the Joliet Diocese Vocation Office. Authorization and permission is hereby given to the diocese to furnish any necessary transportation and food for my child. I hereby release and indemnify the Vocation Office, its staff, volunteers, and the Joliet Diocese, 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 _____

Birthdate ____/____/____

Signature of Parent/Guardian

Year in School _____

Email _____

(____) _____
Area Code and Phone Number

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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 QUO VADIS DAY, 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 _____ Email address _____

Date: _____ Address: _____

Phone: (____) _____ City, State: _____

Any medication or medical condition, allergies or food sensitivities that chaperones should be aware of:

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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