

# Junior/Senior Retreat

## November 17-19-2017



This weekend retreat for young men in high school is an opportunity to:

- Visit Kenrick-Glennon Seminary
- Learn more about a vocation to the priesthood
- Experience the Cardinal Glennon College Program
- Meet the students and staff at the Seminary
- Associate with other high school age men who are discerning

The weekend is open to all junior and seniors and includes:

- Overnight accommodations Friday through Sunday
- Meals and Snacks throughout the weekend
- Tour of the Seminary
- Mass and Prayer
- Presentations and Recreation
- Reconciliation and Adoration

Retreat registration begins Friday at 4:30 p.m. Retreat will conclude following Mass on Sunday. Your family is invited to join us for the closing Mass Sunday at 9:00 a.m. If you have any questions, please contact Renae Novak at 314.792.6465 or [Rnovak@archstl.org](mailto:Rnovak@archstl.org). Information can also be found on our website at [stlvocation.org](http://stlvocation.org).

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## Registration Form – November 17-19, 2017

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s) with whom you live: \_\_\_\_\_

Please mail registration and medical release form to The Office of Vocations 5200 Glennon Drive St. Louis, MO 63119, Attention: Renae Novak.

# LIABILITY/PUBLICITY/MEDICAL RELEASE FORM

Junior/Senior Retreat November 17-19, 2017

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

Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ (mother) Cell Phone # (\_\_\_\_) \_\_\_\_\_ (father)

Family Physician: \_\_\_\_\_

Medical History: \_\_\_\_\_

## LIABILITY/PUBLICITY RELEASE

I grant my permission for my child \_\_\_\_\_ to participate in the Junior/Senior Vocation Retreat to be held at Kenrick-Glennon Seminary in Shrewsbury, MO on November 17-19, 2017. As parent or legal guardian, I remain fully responsible and liable for any claims brought against the Office of Vocations of the Archdiocese of St. Louis and Kenrick-Glennon Seminary which may result from any action taken by my child.

I furthermore authorize the Office of Vocations to use photographs and/or images in connection with printed, electronic or social media presentations for the purposes of advertising vocation retreats or other initiatives of the Office of Vocations provided that the Office of Vocations is not authorized to sell such photographs and/or images to any other person or entity without my consent.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to the Office of Vocations of the Archdiocese of St. Louis, its directors, volunteers or representatives associated with the retreat, to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I relieve the Office of Vocations and Kenrick-Glennon Seminary of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Office of Vocations or Kenrick-Glennon Seminary liable in the event of any injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. My child agrees to abide by all the rules and regulations stated by the Office of Vocations and its staff. I understand that the Office of Vocations will not be liable for any injury and if my child fails to cooperate with regulations that any infraction of the rules may result in immediate dismissal from the retreat at my expense. In the event of an emergency, if you are unable to reach me at the above number, contact:

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

Relationship: \_\_\_\_\_ Telephone: # (\_\_\_\_) \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough drops) to be given to my child, if deemed advisable by the emergency medical personnel supplied by the Office of Vocations, Archdiocese of St. Louis.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event it comes to the attention of the Office of Vocations of the Archdiocese of St. Louis, its directors, volunteers or representatives associated with the retreat, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

**Parent Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_