

The Archdiocese of Portland Office of Vocations invites young men ages 15-18 to

## Quo Vadis Days August 5-8, 2024

REGISTRATION FORM TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (Son's Name)

to participate in Quo Vadis Days August 5-8, 2024 at the Father Bernard Youth Center in Mount Angel, Oregon.  
(Parent/Youth are responsible for transportation to and from event.)

- I authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services. Please initial here: \_\_\_\_\_
- I understand the guidelines for this activity of no smoking, drugs, alcohol, or weapons. In the interest in the safety of everyone, I give permission to the chaperones and staff of this event to inspect my child's belongings if there is cause to do so. "Cause" includes, but not limited to, rumors and reports from other students. Please initial here: \_\_\_\_\_
- I hereby give Archdiocese of Portland Vocations Office permission to use a photograph of the minor (person aged 18 or younger) named above on its website (www.archdpdxvocations.org), Facebook page, and flyers for youth events. I understand that there will be no identifying information (e.g. name, age, etc.) about the minor on the website, Facebook page or event flyers unless permission is granted by written notice to Archdiocese of Portland Vocation Office. Please initial here: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of QuoVadis \_\_\_\_\_ T-shirt size (adult sizes) \_\_\_\_\_

School \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

Pastor \_\_\_\_\_ Pastor's Signature \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Room assignments are based on grade/age of youth. Please list preferred roommates if desired. We will do our best to accommodate your request. \_\_\_\_\_

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries, etc.) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group or ID# \_\_\_\_\_

**In case of emergency, please notify:**

Parent/Guardian(s) \_\_\_\_\_ Email \_\_\_\_\_

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

Participant's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this completed registration form with \$150 payment by July 15th to the  
Office of Vocations, 2838 E Burnside St, Portland, OR 97214.  
Call (503) 233-8368 or email vocations@archdpdx.org with any questions.