

2018
DIOCESE OF MANCHESTER



Aug. 6-10, 2018

Northeast Catholic
College: Warner, NH

Young Men
Ages 14-18
Cost: \$50
(financial aid available)

For more information or to
register, please visit:

liveinblackandwhite.com

Fr. Matthew J. Mason
Diocese of Manchester
Director of Vocations
603-663-0196
mmason@rcbm.org

Do you know where your life is going? The Lord Jesus has a great plan for you! You are invited to attend the first annual Quo Vadis Days camp to spend time with other young men your age looking at the Lord's call in your life while having lots of fun. Quo Vadis Days is an overnight camp led by priests and seminarians of the diocese and includes a full schedule of hiking, swimming, canoeing, sports and games, daily Mass and prayer, and opportunities to grow in friendship with the Lord and with each other.



2018 Quo Vadis Days Registration Due August 1

Please return this form to the Vocations Office, Diocese of Manchester, 153 Ash St., Manchester, NH 03104. Please include a check for \$50 made out to "Roman Catholic Bishop of Manchester" (financial aid is available).

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____ T-Shirt Size: _____

Birth Date: _____ Grade Level in
September: _____

School: _____ Parish: _____

Parental Permission and Emergency Contact

I _____ hereby give "My Child" _____ permission to
(parent/guardian name) *(child name)*
participate in the 2018 Quo Vadis Days at Northeast Catholic College in Warner, NH (the "Activity"). I certify that My Child is physically fit and capable of taking part in the Activity. I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact _____ Phone _____

Alternate Contact _____ Phone _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a the Diocese of Manchester and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature _____ Date _____