



# 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 \_\_\_\_\_