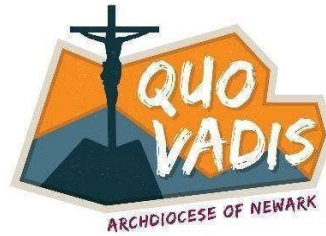


Quo Vadis Summer Camp June 25-28, 2023



**The following permission packet is required
for all attending Quo Vadis Summer Camp.**

To complete your registration, you must:

1. Complete the online registration form [here](#). (one registration form per family)
2. Make payment on-line using the [Payment Link](#) OR by mailing a check made payable to Archdiocese of Newark along with your signed forms to the address below.
3. After registration and payment have been submitted, print, complete and sign all forms in this packet for each camper.
 - a. Permission/Liability and Release Form (pp2-3)
 - b. Transportation Permission Form (p4)
 - c. Camp Shiloh Contact Information, Medical History and Release Form (p5)

Pricing Information:

Early Bird Fees (ends May 1)

Regular Fees

Fee for One Son	\$250	\$275
Fee for Two Sons	\$450	\$475
Fee for 3 or More	\$650	\$675

4. **Please mail this registration packet to the following address by June 1, 2023**

Immaculate Conception Seminary
400 South Orange Ave.
South Orange, NJ 07079
ATTN: Ms.Catalina Thomas

NOTE: Your registration is not complete until we have received all forms and payment.

Permission/ Liability Waiver and Release

Participant’s Name _____

Date of Birth (mm/dd/yyyy) _____

Participant email address: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Information:

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Parent email address: _____

Release of Liability

I give permission for my child, _____, to participate in Quo Vadis 2023 at Camp Shiloh in West Milford NJ on June 25- 28, 2023

(hereinafter

referred to as “Event”). I understand that my child’s participation in this Event may be physically and emotionally demanding and that there is a risk of injury.

I understand that this activity will take place under the guidance and direction of priests, seminarians, employees, and/or volunteers of the Archdiocese of Newark.

To the fullest extent permitted by law, I hereby release and forever discharge the Archdiocese of Newark their officers, directors, members and employees, and all sponsors, charities, and workers, employees, directors, officers and individuals volunteering or participating in this Event (collectively, the “Released Parties”) from any and all demands, causes of action, lawsuits, agreements, obligations, covenants, defenses, costs, liabilities and judgments, whatsoever, known or unknown, suspected or unsuspected, whether they be in contract or in tort, in law or in equity, which my child may have against the Released Parties arising from my child’s participation in the Event. I hereby waive all claims and demands against the Released Parties for any loss, damage, injury (including death), or claim of any kind, arising from, related to, or caused by my child’s participation in the Event, and agree to indemnify, defend and hold harmless the Released Parties from all loss, liability, damages, costs and expenses (including attorneys’ fees) arising from or related to same.

As a parent, I understand that it is my responsibility to pick my child at the predetermined time. I also understand that if my child becomes ill or destructive I will be contacted, and if I cannot be reached, the above "Emergency Contact" will be called to take my child home.

I also understand that the program sponsor is not responsible for personal items that are lost, mislaid or stolen while participating in the Event.

Printed name of Parent/Guardian

Date

Parent/ Guardian Signature

Date

Photo/Media Release

I understand that my child's photograph, video or sound recording may be taken and that they may be used in publicity and marketing brochures and/or advertisements for the Event, Quo Vadis 2023 and/or for future events sponsored by the Office of Priestly Vocations. I understand that there are no rights granted to me to inspect or approve such photographs, videos or sound recordings prior to their publication or use.

I grant the Office of Priestly Vocations and persons acting for or through them the right to take, use, reproduce, assign and/or distribute photographs, films, videos and sound recordings of my child for use in materials the Office of Priestly Vocations may create.

Printed name of Parent/Guardian

Date

Parent/ Guardian Signature

Date

Transportation
Permission Form

Drop Off/Pick Up information for the retreat:

Location: St. Andrew's College Seminary

571 Centre St. South Orange, NJ (on the corner of Centre St. and Stirling)

Drop Off: Sun. June 25 – arrive no later than 1:00pm (departure is 2pm)

Pick Up: Wed. June 28 – Approximately 4pm*

Your Cell Phone number*:

*In the event we need to update you on the pick-up time

Contact information for Catalina Thomas - Cell: 786-556-4262

I (we), the undersigned, hereby give permission to the **Office of Priestly Vocations for the Archdiocese of Newark to provide transportation** for my son,

_____,
to and from Quo Vadis Summer Camp at Camp Shiloh located at 753 Burnt Meadow Road, Hewitt, NJ, 07421.

● I (we), the undersigned, hereby make myself responsible of providing my **own transportation** for my son,

to and from Quo Vadis Summer Camp at Camp Shiloh located at 753 Burnt Meadow Road, Hewitt, NJ, 07421

I have read and signed the “Release of Liability” included in this packet and agree to its terms regarding above mentioned transportation.

Printed Name of Parent or Guardian

Date

Parent/Guardian Signature

Date



2023 Camp Shiloh: Contact Information, Medical History, & Release Form

www.campshiloh.com | 753 Burnt Meadow Road, Hewitt NJ 07421 | 973.728.7845 | register@campshiloh.com

Group Name _____ Retreat Date _____

Guest Name _____

Gender _____ Date of Birth _____ Age _____ Height _____ Weight _____

Address _____

City, State, Zip _____

Cell Phone _____ Email _____

Parent/Guard. Name _____ Phone _____

Parent/Guard. Name _____ Phone _____

If Parent/Guardian cannot be reached, please provide alternate emergency contact:

Name _____ Relation _____

Cell Phone _____

Doctor _____ Phone _____

Insurance _____ Policy # _____

- I understand that guests will be traveling to and from camp with group leaders & Shiloh is not responsible for transportation.
- I understand that it is the responsibility of the church/organization guests are going to Shiloh with to supervise at all times.
- I understand that the rules at Camp Shiloh are clearly stated upon arrival and if guests do not follow the rules, parents/guardians may be asked to come pick them up without refund.
- I understand that while at camp, guests may be participating in athletic activities, waterfront activities, & adventure program. The program is run by Shiloh's trained professional staff and proper safety precautions will be taken.
- I understand the risks involved, give permission for above named guest to participate to his/her ability, and release Camp Shiloh of liability.

***I have read and agree to the above statements.**

***Parent/Guardian Signature** _____

***Guest Signature if over 18** _____

Please identify any medical conditions that might impact above named guest's participation in camp activities, including illness or injury restrictions, limitations, disabilities, special needs. None _____

If Yes, explain: _____

Guest is up to date on all immunizations. _____ Yes _____ No

If No, please explain: _____

If guest will be at Camp Shiloh for longer than 72 hours, please attach immunization records.

Please identify any allergies, describe reaction & management. No Known Allergies _____

Allergy: _____

Reaction: _____

Management: _____

Please identify any medically necessary dietary restrictions or food allergies via Special Diet Request Form: www.campshiloh.com/menu

Please list medications currently used & directions. (Antibiotics, Allergy meds, Inhalers, EpiPen, Insulin, etc.)

Med Name: _____ Dose: _____ Time Taken: _____

Note: All medications should be in original appropriate containers and labeled, kept with group leader, and self-administered.

In the event of an emergency, I understand that every effort will be made to notify necessary emergency contacts.

However, in the event that we cannot contact anyone, I give permission for above named guest's leaders and Camp Shiloh Staff to make necessary decisions regarding their care, including administer first aid at camp, and if necessary arrange for transportation to Chilton Hospital and consent for emergency medical treatment. I agree that I am financially responsible for any fees associated with this medical care.

***Parent/Guardian Signature** _____

***Guest Signature if over 18** _____

I give permission for any video or still images taken at camp to be used for promotional purposes for Camp Shiloh.

***Parent/Guardian Signature** _____

***Guest Signature if over 18** _____