

Kenrick-Glennon Days '18

A Catholic Summer camp for boys



Rising 6th & 7th grade: June 4-6
stlvocations.org/kgd



Rising 8th & 9th grade: June 7-9
314.792.6465

Kenrick-Glennon Days is an overnight camp where boys can learn more about the Catholic faith and life as a priest. Sign up today!

- Location:** Kenrick-Glennon Seminary 5200 Glennon Drive St. Louis, MO 63119
Session I: June 4-June 6, 2018 for 6th and 7th graders (Fall 2018)
Session II: June 7-June 9, 2018 for 8th and 9th graders (Fall 2018)
Times: Check-in is at 3:00 p.m. Check out is at 11:00 a.m.
Cost: \$100

Registration closes on May 25th or when camp is full. Mail registration forms, the medical release form and a \$100 check, payable to the Office of Vocations to:

Office of Vocations -- Attn: KGD-Renae Novak -- 5200 Glennon Dr. -- St. Louis, MO 63119

Once registered, additional information and a packing list will be sent to you. Information is also available online at www.stlvocations.org/kgd. Questions? Call Renae Novak at 314.792.6465 or Rnovak@archstl.org

Name: _____ Grade : _____ (Fall 2018) Session: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parish: _____ School: _____

Parent's Email Address: _____ Cell #: _____

T-Shirt Size: S M LG XL XXL (Adult sizes-Please circle)

COMPLETE FORM ON BACK SIDE

LIABILITY/PUBLICITY/MEDICAL RELEASE FORM

Kenrick-Glennon Days June 3-9, 2018 Session I: _____ Session II: _____ Junior Counselor: _____

Participant's Name _____ Grade: _____ (Fall 2018)

Age _____ Birth Date: _____ / _____ / _____ Parish _____

Parent or Guardian: _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Work Phone # (____) _____

Cell Phone # (____) _____ (mother) Cell Phone # (____) _____ (father)

Insurance Company _____ Policy # _____ Group # _____
Family Physician _____ Phone # (____) _____
Allergies: _____
Current Medications: _____
Medical History: _____

LIABILITY/PUBLICITY RELEASE

I grant my permission for my child _____ to participate in Kenrick-Glennon Days to be held at Kenrick-Glennon Seminary in Shrewsbury, MO. 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 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 Kenrick-Glennon Days 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 camp, 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 of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Office of Vocations 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 camp 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 camp, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.