Diocese of Harrisburg

Quo Vadis Days

June 21-25, 2026

REGISTRATION FORM (*Please Print*)

Participant Name: _____ _____

Home Address: _____

Main Phone: (____) _____ Email: _____

Home Parish: _____ City: _____

Age: _____ Date of Birth: ___/___/___

School level for the Fall 2026 ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ College

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL

EMERGENCY CONTACTS - Primary Contact - Parent/Guardian if participant is under 18

Primary Emergency Contact: _____ Relation: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Second Emergency Contact: _____ Relation: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

REGISTRATION DEADLINE: Friday, June 5, 2026

Return this Registration Form and the $100 Registration Fee to:

Office of Vocations
Diocese of Harrisburg
4800 Union Deposit Road
Harrisburg, PA 17111-3710

Make checks payable to: **Diocese of Harrisburg.**
You may also pay with a credit card online at www.harrisburgvocations.org/events

Please make sure each page has been signed by the participant, and if under 18, their Parent/Guardian.

If you have any questions, please contact the Office of Vocations at 717-657-4804 ext. 282
or email dkerstetter@hbgdiocese.org

MEDICAL FORM (*Please Print*)

Primary Health Insurance Co:_____

Policy #: _____ Group #: _____

Are you in general good health and able to participate in all normal activities? ☐ Yes ☐ No
(if no, please explain)

_____

Special medical/mental needs, conditions or history of illness: ☐ Yes ☐ No (if yes, please describe)

_____

Current Prescription Medications: Name, Dosage, Frequency

_____

Are there any medications that should NOT be administered to this participant? (allergies, interactions, etc.)

_____

Environmental Allergies: (bees, pollen, etc.)

_____

Food allergies, food intolerances or specific dietary needs: ☐ Yes ☐ No (if yes, please describe)

_____

***If you have food allergies, please contact Dining Services at Mount St. Mary University ASAP to discuss your food allergies so they can properly prepare for your visit. Dining Services 301-447-5276.

PARTICIPANTS UNDER 18 - Prescription and Over-the-Counter Medications

All participants under the age of 18 must hand in medications to the medics during check-in. These medications will be given to the participants based on their prescription, for the participant to self-administer. We require written parental permission for all medications taken while on retreat.

All medication must be brought in a correctly labeled pharmacy or manufacturer's medication container. Medications will not be accepted in containers such as plastic bags or daily pillboxes. Medications will be distributed exactly as the container instructs. Please send enough medication to cover the duration of the retreat.

I hereby grant permission for nonprescription medications (such as acetaminophen, ibuprofen, throat lozenges, antacid, antihistamine, etc.) to be given to my child if deemed advisable.

_____ _____

Parent/Guardian signature if under 18 Date

_____

Parent/Guardian - please print name

CODE OF BEHAVIOR AND HOSPITALITY GUIDELINES

At Mount Saint Mary's Seminary, some priests will be sharing the living space with us. We are guests in their home. This sharing of space is quite similar to that which takes place in a family home. For this to work, each of us must be considerate of other people in the facility for space, privacy and a peaceful atmosphere.

Please review the following expectations:

- You are representing the Diocese of Harrisburg. You are called to live your life as a faithful member of the Catholic Church, living a Gospel-centered morality. You will not participate in a lifestyle or habitual behaviors contrary to the moral teachings of the Church.
- **Any vandalism or stealing will result in immediate dismissal**.
- **Alcohol, drugs or drug paraphernalia are not permitted and will result in immediate dismissal.**
- **Weapons or simulated weapons of <u>any kind</u> are not permitted. This includes but is not limited to: firearms of any kind, airflow guns, BB guns, knives, etc.**
- Laser pointers are not permitted.
- No one (except staff) is permitted in the kitchen area. Drinks and snacks will be provided in the recreation room.
- Do not leave trash around the building and grounds. Any vandalism will result in immediate dismissal from the camp.
- Stay with the group and do not roam around the building or grounds. You will have recreational time in designated areas.
- Participants are expected, health permitting, to attend all activities.
- Everyone will be assigned to a dorm room. Do not switch rooms. No visiting is allowed in dorm rooms. Only you are to be in your room, <u>no exceptions</u>.
- Only enter the corridor containing your dorm room. No one is permitted to enter any other hallway containing dorm rooms.
- Dress modestly and appropriately.
- Behave in a manner as not to hurt anyone verbally, emotionally or physically.
- Behave in a manner as to not to put down or make fun of another person.
- Refrain from the use of profanity
- Treat each other with respect. Be Christ to each other.

We respectfully ask for your cooperation and are sure that you will adhere to this simple code of behavior. You represent the Church and are called as a young man to project an image of Christian consideration, sensitivity and respect to all others and to the property around you.

I understand and agree to the **Quo Vadis Days Code of Behavior** and realize that infractions may result in my dismissal.

_____ _____

Participant Signature Date

_____

Participant - please print name

_____ _____

Parent/Guardian signature if under 18 Date

_____

Parent/Guardian - please print name

WAIVER AND RELEASE OF ALL CLAIMS

I do hereby acknowledge and understand that the retreat will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this retreat involves the risk of injury. I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected to this retreat.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for me during the entire retreat including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment for me. In case of accident, injury or loss, neither my family nor I will hold Mount St. Mary's University and Seminary, the Diocese of Harrisburg, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

_____ _____

Participant Signature Date

_____

Participant - please print name

_____ _____

Parent/Guardian signature if under 18 Date

_____

Parent/Guardian - please print name

PHOTOS

I do hereby acknowledge that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Vocations or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.) Please note that the Diocese of Harrisburg has no control over the use of photographs or film taken by media that may be covering the event in which you participated.

_____ _____

Participant Signature Date

_____

Participant - please print name

_____ _____

Parent/Guardian signature if under 18 Date

_____

Parent/Guardian - please print name