

DIOCESE OF PEORIA EMMAUS DAYS 2016 PERMISSION FORM FOR ADULTS

(This form is required for all participants.)

Session I: College Age & Young Adult
June 17-20, 2016, Nazareth House, Henry, IL

Session II: High School Juniors & Seniors
June 24-27, 2016, Nazareth House Henry, IL

Session III: High School Freshmen & Sophomores
July 10-13, 2016, St. Bede Abbey, Peru, IL

Session IV: 7th and 8th Graders
July 13-15, 2016, St. Bede Abbey, Peru, IL

PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH ANY MONEY DUE NO LATER THAN TWO WEEKS PRIOR TO THE EMMAUS DAYS SESSION YOU PLAN TO ATTEND. SEND TO:

Office of Priestly Vocations
419 NE Madison Ave.
Peoria, IL 61603

PARTICIPANT INFORMATION

Participant Name: _____ (Last, First)	Session Attending (circle one): I II III IV
Address: _____ _____	Location (please check one): Nazareth House, Henry, IL _____ St. Bede Abbey, Peru, IL _____
Phone Number: (_____) _____	Adult T-Shirt Size: (circle one) S M L XL
E-mail Address: _____ (optional)	
Home Parish: _____	
Date of Birth: _____	Participant Fees: \$ _____ \$60.00
Grade Level for Fall 2016: _____	Parish Fees: \$ _____ \$95.00
	Pastor Signature: _____
Have you previously attended Emmaus Days? Y N 	OFFICE USE ONLY
If yes, what years? _____	Parish Fee Paid _____
	Participant Fee Paid _____

PARTICIPANT MEDICAL INFORMATION & EMERGENCY FORM

Participant:

Name (first, middle, last): _____

Address: _____

Participant's Regular Physician:

Name: _____ Phone: (____) _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the participant: _____

List any medications the participant is presently taking: _____

Other pertinent medical information: _____

Date of participant's most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts:

Name: _____ Phone: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

Other Contact

Name: _____ Phone: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the Office of Vocations. A copy will be distributed to the person in charge of each Emmaus Days Session which the participant attends. Should the need arise this information will be given to the proper medical authorities.

I, _____ [the participant], understand that in the case of illness or injury, the Office of Vocations will try to notify the person I have listed above as an emergency contact. In case of medical emergency at a time when my listed emergency contact cannot be notified, I grant full power to the Office of Vocations to 1) arrange my transportation, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Printed Name of Participant

Signature of Participant

Date

**CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM
SUMMER 2016**

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in diocesan publications or advertising materials. Also, local news organizations may learn about the diocese's activities or events, and the diocese may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the diocese see fit.

I hereby expressly grant to the Catholic Diocese of Peoria the right, privilege and license to use my picture or likeness in any photograph, movie, video production or any other forms of media publication and to use my verbal or written statements or declarations for the purpose of publicizing, fostering and promoting the diocese and its programs, or for any other purpose in furtherance of the mission of the Diocese of Peoria.

Signature of Participant

Printed Name of Participant

Date