

The St. Boniface and St. Bonaventure Vocation Committee
invites you to

Legion of Joseph

A Retreat for Young Boys



When: July 1st & 2nd, 2019

Where: Tintern Retreat Center,
Oakdale, NE

Who: Incoming 4-6th Grade Boys

We will be focusing on Joseph,
the father figure

Boys will learn how to be true male leaders with the help of Joseph. Activities include confession and adoration, men's groups, wood working, skits, games and a campfire with s'mores! Embrace your God given purpose while meeting new friends and forming a closer relationship to Joseph and Jesus!

For Questions or Application, please contact:

Scott Becker	sbecker@pjcrusaders.org	402-640-5154
Cheryl Veik	momveik@gmail.com	402-843-8023
Karen Eischeid	karensuzyq@hotmail.com	402-843-5987

Applications due May 31, 2019.

Legion of Joseph Incoming 4th-6th Grade Boys July 1-2, 2019

Application Due May 31, 2019

First _____ Last _____

School _____ Grade (for 2019-2020 school year) _____

Age by Retreat _____ Parish _____ Town _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

E-mail for confirmation _____

Please put my son in a group with (pick one friend): _____

T shirt Size (Circle One)

_____ Youth Size:	S	M	L	
Adult Size:	S	M	L	XL

Please send \$45 along with 3 forms to (Make checks payable to St. Boniface Church)

Legion of Joseph

% Scott Becker

P.O. Box 284

Elgin, NE 68636

Due By May 31, 2019

*Sponsored by St. Boniface-St. Bonaventure Vocations Committee
Elgin, NE

Office Use

Date Received _____

Amount Received _____

Confirmation _____

☐ Cash

☐ Check

Legion of Joseph Incoming 4th-6th Grade Boys July 1-2, 2019

Consent and Liability Form

I, _____, grant permission for my youth, _____,
(Parent or guardian's name) (Youth's name)

to participate in this Archdiocesan youth ministry event that is located away from the parish site. This activity will involve a retreat at the Tintern Retreat Center, near Oakdale, NE and will take place under the guidance and direction of volunteers from various parishes.

A brief description of the event follows:

Name of Event: Legion of Joseph

Purpose of Event: Youth Retreat

Location: Tintern Retreat Center, Oakdale, NE

Date and Time of event: July 1-2, 2019

Transportation: Parent arranged.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("Participant"). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to release and hold harmless and defend St. Boniface Parish of Elgin, their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event, arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate St. Boniface Parish, their officers, directors and agents, the Archdiocese of Omaha, and all chaperons, coordinators, directors, volunteers, aides or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. I know of no physical, medical, mental, emotional or other problem(s) that cause(s) me to believe that my child should not attend this event. Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate in writing to the contrary and attach such writing to this form.

Signature: _____ Date: _____

Legion of Joseph Incoming 4th-6th Grade Boys July 1-2, 2019

Health Form

Camper Full Name _____

Birth Date: _____ Parent/Guardian Name(s): _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Cell _____

Doctor's Name and Phone: _____ / _____

Accidental/Medical Insurance Information:

Insurer's Name _____ Policy # _____

List allergies to foods, drugs, outdoors, etc. _____

List any diagnoses, medical history, or problems that might prevent full participation in camp activities or would be helpful for the Legion of Joseph directors to know (e.g. Asthma, sleepwalking, anxiety, panic attacks, etc.) _____

Please list all child's medicines including their dosage and directions for administration. (Campers will be given by adult.) _____

Anything else we should know? _____

I authorize Legion of Joseph to give my child age-appropriate doses of the following, if needed:

Tylenol/acetaminophen

Advil/Ibuprofen

Benadryl

Tums