

The Vocation Committee invites you to

# Legion of Joseph

A Retreat for Young Boys



When: July 14-15, 2021

Where: Tintern Retreat Center,  
Oakdale, NE

Who: Incoming 4-7th Grade Boys  
(including 7<sup>th</sup> since could not participate last year)

*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, small groups, 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:**

**Becky Kerkman**

**bkerkman@cppnebraska.org**

**402-843-6043**

**Applications due June 15, 2021**

*Sponsored by the Vocation Committee of St. Boniface Parish-Elgin, St. Bonaventure-Raeville, St. John the Baptist-Petersburg, St. Peter's-Ewing, St. Theresa's- Clearwater, St. John the Baptist-Deloit*

# LEGION OF JOSEPH REGISTRATION FORM

Incoming 4<sup>th</sup>-7<sup>th</sup> Grade Boys July 14-15, 2021

First \_\_\_\_\_ Last \_\_\_\_\_

School \_\_\_\_\_ Grade (for 2021-2022 school year) \_\_\_\_\_

Age at time of retreat \_\_\_\_\_

Parish \_\_\_\_\_ Town \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

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 (checks payable to St. Boniface Church) along with all three forms to:

**Legion of Joseph**

**c/o Becky Kerkman**

**83975 520 Ave.**

**Elgin, NE 68636**

Application due June 15, 2021

# LEGION OF JOSEPH HEALTH FORM

July 14-15, 2021

Camper full name \_\_\_\_\_

Birth date \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's name and phone \_\_\_\_\_ / \_\_\_\_\_

Medical/Accidental 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, etc.) \_\_\_\_\_

Please list all child's medications including the dosage and directions for administration.  
(Medications will be administered by adult) \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

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

Tylenol/acetaminophen      Advil/Ibuprofen      Benadryl      Tums

# LEGION OF JOSEPH Consent and Liability Form

July 14-15, 2021

I, \_\_\_\_\_, grant permission for my youth, \_\_\_\_\_,  
(Parent/Guardian 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 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: July 14-15, 2021

Transportation: Parent arranged

As parent/guardian, I remain legally responsible for any personal actions taken by the above named minor. 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 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 purpose of publicity for future events, unless I indicate in writing to the contrary and attach such writing to this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_