

The Vocation Committee invites you to

Legion of Joseph

A Retreat for Young Boys



When: July 13-14, 2022

**Where: Tintern Retreat Center,
Oakdale, NE**

Who: Incoming 5 - 7th 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, 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@cnpnebraska.org

402-843-6043

or find form on <https://cnpnebraska.org/legion-of-joseph-boys-retreat/>

Applications due June 15, 2022

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

Note change: Incoming 5th- 7th Grade Boys July 13-14, 2022

First _____ Last _____

School _____ Grade (for 2022-23 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:

St. Boniface Church – Legion of Joseph

c/o Becky Kerkman

PO Box B

Elgin, NE 68636

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Office Use Date Received _____

Amount Received _____

Confirmation _____

Cash Check

LEGION OF JOSEPH HEALTH FORM

July 13-14, 2022

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 of 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 2022

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 13-14, 2022

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: _____