The Catholic Parishes in Partnership Vocation Committee invites you to

egion of Joseph

A Retreat for Young Boys



July 17-18, 2024
Tintern Retreat Center,
Oakdale, NE
For incoming 5th - 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, please contact:

Becky Kerkman bkerkman@cppnebraska.org 402-843-0573

Registration due June 24, 2024

Sponsored by the Catholic Parishes in Partnership 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 5th- 7th Grade Boys July 17-18, 2024

First			La	st		
School				Grade	e (for 2024-25 school yea	r)
Age at time of	retreat _					
Parish				_ Town _		-
Mother's Name	<u></u>				Cell phone	
Father's Name					Cell phone	
E-mail						
T-shirt size (Cir	cle one)					
Youth Size	S	М	L			
Adult Size	S	М	L	XL		
Please send \$5 CPP Neb	-	s paya	<u>ble to</u>	CPP Voc	ation Committee) along v	with all <u>three forms</u> to:
c/o Beck	y Kerkm	an				
PO Box 6	808					
Petersbu	ırg, NE 6	8652				
			Reg	istration	due June 24, 2024	
nsored by the Catholic I					tee of St. Boniface Parish-Elgin, St. eresa's- Clearwater, St. John the Ba	Bonaventure-Raeville, St. John the Baptist ptist-Deloit
Office Use D	ate Rece	ived _		•	Amount Received	Confirmation

LEGION OF JOSEPH HEALTH FORM

July 17-18, 2024

Camper full name				
Birth date	Parent/Guardian Name(s	5)		
Address	City	State	Zip	
Cell phone	Work	Phone		
Doctor's name and p	hone	/		
Medical/Accidental II	nsurance Information:			
Insurer's Name		Policy #		
List allergies to foods	, drugs, outdoors, etc			
Please list all child's r	the Legion of Joseph directors medications including the do t)	osage and directions		
Is there anything else	e we should know?			-
_	Joseph to give my child age nen Advil/Ibuprofen		_	eded:

LEGION OF JOSEPH Consent and Liability Form 2024

I,, grant permission for my youth,	_ ,
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(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 17-18, 2024

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: ˌ	 	 	
Date:			