

Legion of Joseph Registration Form

July 14-15, 2026

Registration Form due June 19, 2026

First _____ Last _____

School _____ Grade (for 2026-27 school year) _____

Age at time of retreat _____

Parish _____ Town _____

Mother's Name _____ Cell phone _____

Father's Name _____ Cell phone _____

E-mail _____

T-shirt size (Circle one)

Youth Size S M L

Adult Size S M L XL

Please send \$50 (checks payable to Catholic Parishes in Partnership with Legion of Joseph in the memo) along with all three forms to:

**Catholic Parishes in Partnership
PO Box 608
Petersburg, NE 68652**

**For questions, please contact: Calvin Nieman
Calvinnieman5@gmail.com**

Registration due June 19, 2026

Office Use Date Received _____

Amount Received _____

Confirmation _____

Cash Check

LEGION OF JOSEPH HEALTH FORM

July 14-15, 2026

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 2026

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, 2026

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: _____