



Congregation of St. John
11223 W. Legion Hall Rd.
Princeville, IL 61559
309-385-1193

SJSC Week End 2018 Registration

Dear Friend:

Greetings, and thank you for your interest in the Week End organized in the spirit of Saint John Summer Conference with the Community of Saint John. To register for this event all participants must complete all the following forms.

Mail these forms in advance or bring them with you, with a check of 60\$ made to “Congregation of Saint John”.

Mailing address :
Br Arnold Charbel,
11223 W. Legion Hall Rd.
Princeville, IL 61559

Don't hesitate to contact us with your questions at [fr.arnaud.charbel\(at\)stjean.com](mailto:fr.arnaud.charbel@stjean.com)
Thank you for your time and we look forward to seeing you soon.

The Family of St John in Princeville.

SJSC Week End Registration –

Name: _____ Circle One: Participant / Helper

Birth date: _____ Gender: Male / Female Current

address:

(Street – city – state – zip code) Permanent

address:

(Street – city – state – zip code)

Home phone: _____ Cell phone: _____

Email address:

Release of Liability

Name/Type of event: SJSC Week End

Destination of event: St. Joseph Priory, Princeville

Event Supervisor: Br Arnold Sharbel, CSJ

Conference Start Date (mm/dd/yyyy): _____ to

Conference End Date (mm/dd/yyyy): _____

[Please fill in the conference dates listed on the website]

Cost of event: \$60

On this ____ day of _____, 20____, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless the Congregation of St. John, and any agents representing or related to the Congregation. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any activity or accommodations for the SJSC Week End. The undersigned further agreed to abide by all the rules and regulations promulgated by the Congregation of St. John and/or its affiliated groups and vendors throughout the duration of his or her time with the Congregation of St. John.

Name of Adult: _____

Signature: _____ Date: _____

Code of Conduct Agreement

While participating in this trip/event/program, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will respectfully follow the event staff's directions at all times. I understand that the Congregation of St. John has the right to terminate my participation in the trip/event/program at any time if my conduct is not appropriate and/or if I fail to follow the event staff's directions.

Signature: _____ Date: _____

Medical Information & Emergency Form

Name (first, middle, last):

Address: _____

(Street – city – state – zip code) Adult's

Regular Physician:

Name: _____ Phone (including area code): _____

Medical Conditions: Please list any medical conditions you have (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions you have to medications:

Medications that you are presently taking:

Other pertinent medical information (please use more paper if necessary; this information will help us be attentive to your needs).

Date of most recent tetanus shot:

_____ Special

Dietary Needs:

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts: Name (first, middle, last): _____

Phone (including area code): _____ Relationship

(friend, neighbor, coworker, etc.):

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the Congregation of St. John. A copy will be distributed to the person in charge of each trip/event/program in which the adult participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness or injury to me, the Congregation of St. John and/or helpers will try to notify the person I have listed above as an emergency contact. In case of medical emergency concerning myself, at a time when my listed emergency contact cannot be notified, I grant full power to the Congregation of St. John to 1) arrange for the transportation of myself, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Adult: _____ Date _____

This Authorization for Emergency Medical Treatment is valid for a period of one year.

Congregation of St. John

Diocese of Peoria

PUBLICITY FORM - ADULTS

Valid for One Year:

On occasion, the Congregation of St. John, named above, takes photographs or makes an audio or video recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in the

Congregation of St. John's publications or advertising materials to let others know about the Congregation of St. John and its ministries. Also, local news organizations may learn about the Congregation of St. John and its ministries, and the Congregation of St. John and the Saint John Summer Conference may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the Congregation of St. John and the Saint John Summer Conference see fit. I hereby expressly grant to the Congregation of St. John named above, and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of myself in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of myself for the purpose of publicizing, fostering and promoting the Congregation of St. John and its programs, or for any other purpose in furtherance of the mission of the Congregation of St. John, and/or the Diocese of Peoria.

Printed Name of Adult: _____

Signature of Adult: _____

Date: _____