



DIOCESE OF TUCSON

VOCATIONS OFFICE

P.O. Box 31 • 64 E Broadway Blvd • Tucson, Arizona 85702-0031
520-838-2531 • Fax 520-838-2593 • vocations@diocesetucson.org

Men's Vocations Discernment Retreat

February 15th – 17th 2019

IHM High School

625 E Magee Rd. • Oro Valley, Arizona 85704

Thank you for signing-up to attend the upcoming Men's Vocations Discernment Retreat. Thank you for taking time to discern your vocation and to listen more closely to God's call. I assure you that this weekend retreat will be a great experience for you.

The retreat will begin Friday, February 15th at 6 pm and conclude on Sunday, February 17th at 2 pm. We will meet at the parking lot in front of the school. Upon your arrival, you will have time to check in, know the facilities, and have dinner. Please be considerate of others and arrive on time, and make sure you anticipate get there on time as sometimes there is some heavy traffic.

Please bring comfortable clothes to wear, jeans are allowed. Make sure to include: personal hygiene items, sportswear, sleeping bag, Bible, notebook, snacks to share. Remember, February tends to be somewhat cold, don't forget your jacket and warm clothes. You are invited to bring your own pillow and extra blankets for your personal use. If you wish to bring an inflatable mattress you are welcome to. This is a spiritual discernment retreat for men, so please be open to God and His will for you.

If you have any questions, please contact Fr. Jorge Ricardo at 520.838.2531.

Fr Jorge Ricardo Farias-Saucedo
Vocations Director Diocese of Tucson



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Registration Form

Today's Date: _____

Participant's Name: _____ DOT _____

Address: _____

City: _____ State: _____ Zip _____ Country _____

Cell Phone: _____ E-mail: _____

School: _____ Grade: _____

Parish: _____ Youth Group: _____

Pastor: _____ Youth Minister: _____

Parent or Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip _____ Country _____

Telephone _____ Cell _____ Work _____

SPECIAL NEEDS: _____

ALLERGIES: _____

NOTES: _____



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ACTIVITY PERMISSION FORM (for youth under 18 years of age) Men's Vocations Discernment Retreat February 15th to 17th 2019 (Please TYPE or PRINT Information CLEARLY)

Youth's Name: _____

Birth date: _____ Grade Level: _____ Parish: _____

Address: _____ City: _____ State: _____

Zip: _____

Parent/Guardian: _____ Cell: _____ Work: _____ Home: _____

I, the parent /guardian of _____, hereby, give my permission for his participation in this activity. I agree to direct my son to cooperate and conform to directions and instructions of personnel responsible for this activity. I also give permission for the use of photography and video proper to the event and give authorization to the Diocese of Tucson to use those pictures as media resources for the event and other future events and promotions.

I agree that in the event my son is injured as a result of his participation in the above named activity, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the diocesan activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be covered by any accident, hospital, or medical insurance, or any available benefit plan of mine or my spouse.

Insurance Company: _____ Policy Number: _____

I am not aware of any medical condition that would restrict my son from participating in any physical/sporting activities. _____

I, hereby, give permission for a physician selected by the Vocations Department personnel to render medical treatment deemed necessary and appropriate by the physician.

Parent/Guardian Signature _____ Date

PLEASE LIST ALL NECESSARY MEDICATIONS/DOSAGES FOR YOUTH: _____

PLEASE LIST ANY ALLERGIES AND MEDICAL OR PHYSICAL RESTRICTIONS: _____

Person(s) in addition to Parent/Guardian to notify in case of emergency: (In case of injury, every attempt will be made to contact parent/guardian first.)

Phone Number: _____

Phone Number: _____

HEALTH AND EMERGENCY INFORMATION (MINOR)

Participant's Name _____ DOB _____ Age _____
Address _____ City _____ Zip Code _____
Home Telephone _____ Email _____
Parish _____ School _____
Father's Name _____ Place of Employment _____
Work Phone _____ Mobile Telephone _____
Mother's Name _____ Place of Employment _____
Work Phone _____ Mobile Telephone _____

Persons who should be notified for child if parents cannot be reached:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____
Family Doctor's Name _____ Telephone _____
Family Dentist's Name _____ Telephone _____
Hospital Preference _____
Health Insurance Plan _____ Policy No. _____
Medical Information _____

Allergies _____

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent/ parents or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general supervision of any licensed member of the medical staff and emergency room staff, or a dentist licensed and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List restrictions: _____

Signature of Father, Mother, or Legal Guardian Date

MAKE ONE COPY OF COMPLETED FORM. FILE "COPY" AT PARISH. PLACE ORIGINAL IN HEALTH INFORMATION BINDER WHICH DRE OR YOUTH MINISTER SHALL MAINTAINED IN HER/HIS POSSESSION FOR THE DURATION OF TIM. EVENT