

“COME AND SEE”

Join us for the annual “Come and See” Retreat in Little Rock at St. John Catholic Center to be held **Saturday, June 3, 2023**, for men ages 16 and older. The retreat involves some hiking, talks, discussion, and the sacraments. The goal is to provide a living encounter with Christ to explore the diocesan priesthood.

Accommodations will be arranged at St. John Catholic Center. If you need overnight accommodations for the night before, please contact the Vocations Office.

Wear comfortable clothes for a small hike. Showers will be available afterward.

Meals and snacks will be provided beginning with light breakfast on Saturday, June 3rd. Please relay any food allergies or special accommodations. Transportation can be arranged, if needed.

Items to bring on the day of the retreat include the following:

- Parental Consent/Liability Waiver Form-signed
- Medical Consent Form-signed
- Code of Behavior Form-signed
- COVID-19 Waiver/Release of Liability
- A comfortable change of clothes

If you are sick, have been sick, have an elevated temperature, or have been outside the country in the past 60 days, do not come. You will not be able to enter the venue, No exception.



Join us as we address the following topics:

- How to *hear* God’s voice
- How to *discern* His voice
- How to *say “yes”* to God’s voice
- How to *know* He is calling you to priesthood

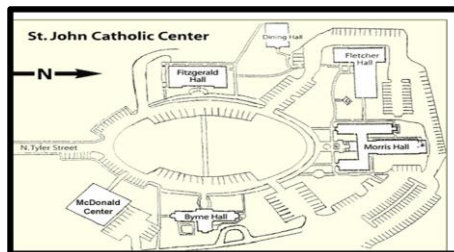
TIME/DATE: June 3, 2023

Subject to change due to COVID-19.
Please check website for current updates.

The retreat will be held on Saturday, June 3rd with screening and registration at 8:30 a.m. in Fletcher Hall and Mass at 4:00 p.m. The retreat ends at 6:00 p.m.

PLACE:

St. John Catholic Center
2500 N. Tyler Street
Little Rock, AR 72217



If you are interested and want to register, please fill out the below form and send it back to us no later than **May 15th, 2023** by mail, fax or email gpena@dolr.org. You can also call the Vocation’s Office at **(501) 664-0340 Ext. 353**.

Sign up for: “Come and See” Diocesan Priesthood Discernment Retreat

Price: FREE

FIRST NAME, MI, LAST NAME

AGE / GRADE

ADDRESS

CITY, STATE, ZIP

EMAIL

HOME PARISH

HOME NUMBER/ CELL NUMBER

Special Notes or Dietary Restrictions:

If you have questions or want additional information, please contact us at:

Vocations Office
2500 N. Tyler St. / P.O. Box 7565
Little Rock, AR 72217
Fax (501) 664-0119
Web site: www.dolr.org



Mail/return to:

Diocese of Little Rock
Vocations Office
2500 N. Tyler St. / P.O. Box 7565
Little Rock, AR 72217

(501) 664-0340

Fax (501) 664-0119

By email: gpena@dolr.org

*“Come, follow me ...
and when you do, do not be
afraid.” ... “If such a call
comes into your heart, do not
silence it. Let it develop into
the maturity of a vocation!” –
St. Pope John Paul II*

DIRECTIONS

From I-40 West:

- Head West on I-40
- Bear left to I-30 Little Rock
- Exit right on Cantrell
- Continue West on Cantrell to Kavanaugh
- Turn right onto Kavanaugh
- Turn right onto Tyler

From I-40 East:

- Head East on I-40
- Bear right to I-430 to Little Rock /Texarkana
- Exit right on Cantrell/Hwy-10
- Continue East on Cantrell to Tyler
- Turn left onto Tyler

From I-30 North:

- Head North on I-30
- Bear right to I-430 to Little Rock
- Exit right on Cantrell/Hwy-10
- Continue East on Cantrell to Tyler
- Turn left onto Tyler

Tyler Street leads directly to the front gates of St. John Catholic Center



“Come and See”

Diocesan Priesthood Discernment Retreat



This retreat is sponsored by the Vocations Office and Seminarians of the Diocese of Little Rock.

St. John Catholic Center
2500 N. Tyler Street
Little Rock, AR 72207

June 3, 2023

Diocese of Little Rock / Vocations Office

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in the "**Come and See" Diocesan Discernment Retreat**, to be held on **June 3, 2023** at **St. John's Catholic Center, 2500 N. Tyler, Little Rock, AR 72207.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage: _____

Manner of Administration: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months: Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet: _____

The following physical limitations: _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age Date

Signature (Participant 18 years of age or older must sign own consent) Date

Office of Vocations

Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Office of Vocations within this diocese.

CODE OF BEHAVIOR:

1. Participants are expected to attend all sessions of this activity. Name badges must be worn at all times.
2. Dress code: casual - no inappropriate t-shirts or tops.
No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change.
No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the activity site unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature, which would offend any person, is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the activity. One 's parent/guardian is responsible for removing participant from the event site.

I understand and accept this code of behavior.

(Participant's signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's signature)

(Date)

Phone number (Day) _____ (Night) _____

Cell Phone Number: _____

Contact person if parent/guardian are unavailable

(Phone #)

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19
Diocese of Little Rock**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

_____ (**Insert Name of Program/Event “the Program”**) has put in place preventative measures to reduce the spread of COVID-19; however, the Program cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Program could increase your risk and your child(ren)’s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Program employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Program or participation in Program programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Program—including but not limited to its employees, agents, and representatives, the Diocese of Little Rock, and any Parish or School with which the Program is affiliated—of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Program, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Program event.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)