



The Diocese of Little Rock,
the Minister For Religious and
The Youth and Campus Ministry Office are hosting a

Women's Religious Vocation Discernment Retreat

Women's Religious Orders With Representation In The Diocese Of Little
Rock Have Been Invited To Participate

February 24—25, 2018

**Do not be afraid of what God
asks of you, it is worth saying
yes to God! In Him
we find our joy!" - Pope Francis**

Saturday:

- 2:00-3:00 Registration
- 3:00 Welcome & Introductions
- 4:00 Opening Talk
- 4:20 Small groups
- 5:15 Supper
- 6:15 Key Note
- 6:45 Prayer / Adoration /Reconciliation
- 8:45 BREAK
- 9:00 Night Prayer

Sunday:

- 7:00 Rise & Shine
- 7:30 Breakfast
- 8:30 Morning Prayer (Chapel)
- 9:00 Mass (Chapel) Bishop Taylor
- 10:00 BREAK
- 10:15 Key note
- 10:45 Small Groups
- 11:30 Talk
- 12:00 Lunch
- 1:00 Talk
- 1:20 Q & A – Anything you ever wanted to ask a Sister
- 2:00 Wrap-up & Evaluations
- 2:30 Departure

St. John's Catholic Center

2500 No. Tyler St.

Little Rock, Arkansas

(501) 664-0340, ext. 309

Registration Form: Women's Religious Vocations Retreat

February 24-25, 2018 St. John's Catholic Center

Deadline for registration: February 15, 2018

Name: _____ Address: _____

Phone: _____ E-Mail: _____ Date of Birth: _____

Special Needs/Food Allergies: _____ Roommates: (2 people per room) _____

If you have no roommate preference please check here: _____

Send Registration To: Sr. Mary Clare Bezner O.S.B. · Minister for Religious

P.O. Box 7565 · Little Rock, AR 72217-7565 · <http://bit.ly/dolrbezner>

Diocese of Little Rock

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/F

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 Diocesan Women's Vocation Retreat , to be held on February 24 -25 2018 at St Johns 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 or any representatives associated with the scheduled activity unless the parties involved were careless or negligent. I also give my permission for the Diocese to use any photographic images of my child taken at this event for Diocesan use, and allow the Diocese to communicate with my child through the use of social media as well as e-mail.

Signature (Parent/Guardian)

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. 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 #)

MEDICAL CONSENT

Medical Matters

I hereby warrant 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: _____

Administer: _____

_____ 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/daughter 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