

# TOTUS TUUS LEADERSHIP CAMP FOR HIGH SCHOOL MEN

SPONSORED BY CHICAGO, JOLIET & ROCKFORD VOCATION OFFICES

This is a 3-day leadership camp for men entering grades 9 to 12 in fall 2010. Days include fun, sports, discussions, prayer, daily Mass, adoration and quiet time to reflect. Talks will be given by Vocation Directors, seminarians and college staff, carefully selected for faith and maturity. The Camp aims to foster growth in Virtues, especially fortitude, service, faith and friendship.

Bishop Lane Retreat Center  
7708 E. McGregor Road  
Rockford, IL

**Sunday, Aug. 8 2010**  
**Wednesday, Aug. 11, 2010**

High School Guys  
\$100 per person  
4:00 p.m. Sunday Camp starts  
1:00 p.m. Wednesday Camp ends  
[www.TotusTuusChicago.com](http://www.TotusTuusChicago.com)

## Registration Form

Cut along dotted line and return bottom portion)

Registration deadline August 1, 2010

I request that my son (print son's name): \_\_\_\_\_, be allowed to participate in the Totus Tuus Leadership Camp being held at Bishop Lane Retreat Center on August 8, 2010 to August 11, 2010. I hereby release and indemnify Totus Tuus, its staff, volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. I grant permission for the administration of First Aid to my above named child by the people in charge of the Totus Tuus Leadership Camp in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child. *High school includes teens entering grades 9-12 in the fall of 2010.*

### Parent/Guardian Information

Parent/Guardian Signatures: \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please list any food allergies or pertinent medical information (allergies, medications, diabetes, asthma, etc.)

\_\_\_\_\_

\_\_\_\_\_



### Insurance Information

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Identification/Social Security Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

Please return camp fee: Check to: Archdiocese of Chicago- and bottom portion of this (registration) form to:  
Archdiocese of Chicago—Vocations Office  
835 N. Rush St., Chicago, IL 60611

Please contact Pat Pacer with any questions!  
312.534.2587 or [ppacer@archchicago.org](mailto:ppacer@archchicago.org)