

“COME AND SEE”

Join us for the annual “Come and See” Retreat in Little Rock at St. John Catholic Center to be held December 28-29, 2019 for men ages 16 and older. Rooted in prayer and consisting of talks, group discussions, vocational videos, and personal testimonies that are given by priests and seminarians. The goal is to provide the participant with an opportunity to explore more deeply a possible calling to the diocesan priesthood.

Accommodations will be arranged at St. John Catholic Center. Each participant should bring personal toiletry items. Dress code is casual attire; however, khaki pants, collared/polo shirts and dress shoes would be appropriate for Mass.

Meals will be provided beginning with lunch on Saturday, December 28th through lunch on Sunday, December 29th. Snacks will also be provided. 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
- Toiletries-(toothbrush, shampoo, deodorant, and etc.)



Join us as we address the following topics:

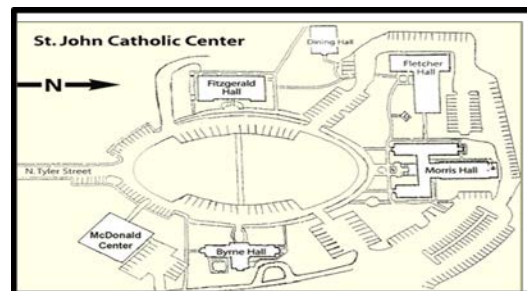
- What does God want for me?
- How to continue the discernment of “yes” in seminary
- My discernment of “yes” and the Priesthood
- My discernment of “yes” and Religious Life
- Discerning to say “yes”

TIME/DATE:

The retreat begins on Saturday, December 28th with registration at 11:00a.m. in Fletcher Hall and Mass at noon. The retreat ends at 1:00 p.m. on Sunday, December 29th after Mass.

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 **December 21st** by mail, fax or email mizquierdo@dolr.org. You can also call the Vocation’s Office at (501) 664-0340 Ext. 378.

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:

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: mizquierdo@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**

December 28-29, 2019

Diocese of Little Rock / Vocations Office

PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT
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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 December 28-29, 2019 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

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 #)

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