

# DIOCESE OF JOLIET

## ANNUAL DAY OF RECOLLECTION SCOUT RETREAT



<b>What</b>	<p>The Annual Catholic Scout Retreat is a retreat for the benefit of <b>ALL</b> Catholic Scouts. The retreat will be split into two groups running simultaneously: Participant's Grades K-5 will be in one group and participant's Grades 6 and older in another group. All participants will attend an opening, retreat sessions, and Mass or Prayer Session.</p> <p><b>Note: There are <u>TWO</u> registration forms for Youth and <u>THREE</u> registration forms for Adults.</b></p>
<b>Who</b>	<p>Those in the Following Organizations (<b>and Their Adult Leaders and/or Parents/Guardians</b>): Catholic American Heritage Girls, Boy Scouts, Brownies, Camp Fire Youth, Cub Scouts, Girl Scouts, Scouts BSA, and Venturers and members of other Catholic youth scouting programs.</p>
<b>When</b>	<p>February 27, 2021, from 9am to 1pm  <i>Registration Open from 8:30 – 9:00</i></p>
<b>Where</b>	<p>National Shrine and Museum of St. Therese located at 8501 Bailey Road, Darien, Illinois          Watch for updates about location change or Virtual Event  <i>Enter through the main door</i></p>
<b>Retreat Sessions</b>	<p><b>All participants:</b> Day of Recollection Retreat on a topic of the Catholic Faith</p> <p>Grades 6+ – Theme is Help People at All Times          Grades K – 5 – Theme is Help People at All Times  <i>An adult must attend the retreat with a participant in grades K-5.</i></p>
<b>Cost</b>	<p>Early Bird Price (Received On or Before 2/15/20) : \$10.00 per participant / adult / guardian          Normal Pricing (Received After 2/15/20) : \$15.00 per participant / adult / guardian</p> <p><b>Walk-Ins Are Welcome!</b> Adult Scouts (Leaders, Scouters) attending the event with or for their unit /troop but not as their chaperone will also need to pay admission at the door if we meet at the Shrine</p>
<b>Totem</b>	<p>If you attended the retreats in the past. Bring your totem with you for this year's beads.</p>
<b>Boards of Review</b>	<p>Personnel will be available for Ad Altare Dei and Pope Pius XII Boards of review <b>PROVIDED</b> that request is made on the registration form (due by February 15, 2021). BOR's may need to be done virtually if we can't meet in-person because of COVID-19. We will contact parents and Scouts to complete BOR's after the online event.</p>
<b>RSVP</b>	<p><b>RSVP REQUIRED</b> – Must be <b>RECEIVED</b> by February 15, 2021, for Early Bird Rate  <i>Please see the Registration Form for details. <b>Walk-Ins are Allowed</b></i></p>
<b>Contact Person</b>	<p>Christine Caragher @ <a href="mailto:ccaragher606@gmail.com">ccaragher606@gmail.com</a></p>
<b>Registration Forms and Permission Slip</b>	<p>Following pages or at <a href="http://www.dioceseofjoliet.org/scouting/sectioncontent.php?secid=22">http://www.dioceseofjoliet.org/scouting/sectioncontent.php?secid=22</a>)</p>

# Registration for Annual Scout Retreat for Participants Grades K-5

Sponsored by the Joliet Diocese Catholic Committee on Scouting

**Theme: Leap of Faith**

**February 27, 2021 / 9am - 1pm**

**National Shrine & Museum of St. Therese - 8501 Bailey Road, Darien**

**RSVP for the Early Bird Rate Before February 15<sup>th</sup>**

**Early Bird Fee (On or Before 2/15):** \$10 per youth participant / \$10 per parent/guardian

**Regular Fee (after 2/15):** \$15 per youth participant / \$15 per parent (**Walk-Ins Welcome**)

**If you attended the retreat before, don't forget to bring your totem for this year's beads**

**Mail the Registration Form below and a Check (make checks payable to JDCCS) to:  
Christine Caragher, 195 Barbara Jean Lane, Joliet, Illinois 60436**

**All Participants Who Are in Grades K Thru 5 Must Have a Parent/Guardian in Attendance**

Each attendee **MUST BRING** a completed Joliet Diocese Youth Permission Slip **OR**  
**Both** the Adult Chaperone & Adult Registration / Waiver forms. Permission slips will not be returned.



## Retreat Registration Form

Participant / Scouts Name: \_\_\_\_\_ Grade \_\_\_\_\_

Adult / Parent Name: \_\_\_\_\_ Scouts Age: \_\_\_\_\_

Organization (circle one): AHG BSA GSUSA Council Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*An Email Confirmation Will be Sent*

Scouts Email: \_\_\_\_\_

*Adding This Email is Your Permission for Us to Email the Scout for This Event if it is Virtual*

Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Parish and City \_\_\_\_\_ # Years You Attended Retreat: \_\_\_\_\_

How Did Hear About This Event: \_\_\_\_\_

Fees (**on or before 2/15**): Participant Attending = \$10.00 Adult Attending / Chaperoning = \$10.00

Fees (**after 2/15**): Participant Attending = \$15.00 Adult Attending / Chaperoning = \$15.00

Total Amount Enclosed \$ \_\_\_\_\_ (**Make Checks Payable to: JDCCS**)

# Registration for Annual Scout Retreat for Participants Grades 6+

Sponsored by the Joliet Diocese Catholic Committee on Scouting

## Theme: Leap of Faith

February 27, 2021 / 9am - 1pm

National Shrine & Museum of St. Therese - 8501 Bailey Road, Darien

### RSVP for the Early Bird Rate Before February 15<sup>th</sup>

**Early Bird Fee (On or Before 2/15):** \$10 per youth participant / \$10 per parent/guardian

**Regular Fee (after 2/15):** \$15 per youth participant / \$15 per parent (**Walk-Ins Welcome**)

**If you attended the retreat before, don't forget to bring your totem for this year's beads**

**Mail the Registration Form below and a Check (make checks payable to JDCCS) to:  
Christine Caragher, 195 Barbara Jean Lane, Joliet, Illinois 60436**

**All Participants Who Are in Grades K Thru 5 Must Have a Parent/Guardian in Attendance**

Each attendee **MUST BRING** a completed Joliet Diocese Youth Permission Slip **OR**  
**Both** the Adult Chaperone & Adult Registration / Waiver forms. Permission slips will not be returned.



### Retreat Registration Form

Participant / Scouts Name: \_\_\_\_\_ Grade \_\_\_\_\_

Adult / Parent Name: \_\_\_\_\_ Scouts Age: \_\_\_\_\_

Organization (circle one): AHG BSA GSUSA Council Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*An Email Confirmation Will be Sent*

Scouts Email: \_\_\_\_\_

*Adding This Email is Your Permission for Us to Email the Scout for This Event if it is Virtual*

Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Parish and City \_\_\_\_\_ # Years You Attended Retreat: \_\_\_\_\_

How Did Hear About This Event: \_\_\_\_\_

Fees (**on or before 2/15**): Participant Attending = \$10.00 Adult Attending / Chaperoning = \$10.00

Fees (**after 2/15**): Participant Attending = \$15.00 Adult Attending / Chaperoning = \$15.00

Total Amount Enclosed \$ \_\_\_\_\_ (**Make Checks Payable to: JDCCS**)

Yes, I Would Like to Attend the Ad Altare Dei / Pope Pius XII (*circle one*) Board of Review **After the Retreat**

My Advisers Name is \_\_\_\_\_ and He / She Can be Reached at:

Adviser Home Phone: \_\_\_\_\_ Adviser Cell Phone: \_\_\_\_\_

Adviser Email: \_\_\_\_\_



### GENERAL PERMISSION FORM

I request that my child \_\_\_\_\_ be allowed to participate in the 2021 Annual Day of Recollection Scout Retreat event. I hereby release and indemnify my parish, the Catholic Committee on Scouting, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

#### Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

#### Code of Behavior

You are representing the Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

#### Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

**I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.**

*If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.*

Youth Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

### Medical Permission Form

I grant permission for the administration of First Aid to my child, by the people in charge of the event, and those transporting my child to and from the event, 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. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when a delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. 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.

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Phone #(s): \_\_\_\_\_

Allergic to medication / other?    NO    YES (circle one)

If YES, please describe:

Medication(s) presently taking: \_\_\_\_\_

\_\_\_\_\_

### INSURANCE INFORMATION

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

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

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

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

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

<p><b>If parent(s) can't be reached - In case of Emergency:</b></p> <p>Contact: _____</p> <p>Phone #'s: _____</p>
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**DAY OF RECOLLECTION EVENT REGISTRATION**

Participant Name: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Parish Name/City: \_\_\_\_\_

Gender:      Male              Female              Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate any dietary restrictions: \_\_\_\_\_

**Adult Medical Form**

**Personal Information**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies and Medical History**

Allergic to medication / other? No Yes (circle one - if 'Yes' describe): \_\_\_\_\_

\_\_\_\_\_

Medications presently taking: \_\_\_\_\_

**Insurance Information**

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

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

Authorized Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

**Liability Waiver**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the host parish / facility, the Catholic Committee on Scouting, the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the event.

In the event that I should require medical treatment, and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

Signature: \_\_\_\_\_ Date \_\_\_\_\_



Day of Recollection Retreat

Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at your parish in the diocese. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

**General Chaperone Conduct**

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as well. In addition to leading youth by modeling a positive attitude and involvement, we ask that all adults refrain from consuming drugs and alcohol and from smoking. It is important for the youth to realize that the chaperones from their parish are there to walk the journey with them.

**Supervision of Youth**

All adult chaperones are responsible for the supervision of the youth participants from their parish. This extends to all youth at diocesan events when inappropriate behavior is observed. Please be familiar with the Code of Behavior. It is imperative that all adults are willing to confront behavior code violations. Serious behavior code violations are to be brought to the attention of the parish leader. If it is a diocesan sponsored event, parish leaders are expected to disclose inappropriate behaviors to the people in charge of the diocesan event.

**Visibility Among the Youth**

Please be intentionally visible and interactive with the youth participants from your parish. Your presence among the young people is very important. Please be consciously aware of the youth from your parish as well. Make frequent headcounts, monitor time away from the group for bathroom breaks and other reasons, and communicate firm check-in times to youth participants. Being attentive to their needs can help you anticipate situations that might require your attention.

**Responding to Accidents**

If there is an emergency that requires immediate medical attention, contact emergency services immediately. In the US, dial 911.

Adult Chaperone Policy Form

Please inform your parish leader (and if at a diocesan event, the diocesan staff person responsible for the event) as soon as possible of any accident. If medical attention is required, but not an emergency basis, make the participant as comfortable as possible within the boundaries provided by the Youth Medical Form. Then, contact the participant's parents as soon as possible. (This is normally the responsibility of the parish leader or diocesan staff person in charge of the event). Please be sure to stay in communication with the parish leader and/or the diocesan staff person in charge of the event. It is important to use the Accident/Incident Form for Youth Events to document what happened to cause the accident and the steps taken to provide attention or treatment following the accident. This should be turned in to the parish and diocesan leader.

**Providing Guidance and Encouragement to Youth**

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting (which is highly recommended) in order to have that conversation. See the guidelines below for the Safety of Youth and Adult Participants. It is important that you not publicly humiliate another person. If needed, please do not hesitate to ask other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond.

**For the Safety of the Youth Participants & Adult Chaperones**

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should take place in a public location. If you are speaking to youth in a room, make sure the door to that room remains open. When responding to situations in opposite-sex housing, make sure another adult is present and announce your presence prior to entering the area. See "Protecting God's Children" below.

**Requirements for the Protection of Young People**

Adult chaperones are required to have a criminal background check performed and attend Protecting God's Children (VIRTUS) training prior to chaperoning an event with minors. If registered in a non-Catholic unit, then scouting youth protection training must be done.

**Responsibility to Report** Adult chaperones have the responsibility to report the following information concerning youth:

Type of Information to Report	Timeframe to Report It	Who to Report it To
Serious behavior code violations (at the event)	As soon as possible	Parish leader & diocesan staff person in charge of event
Accident or injury (at the event)	<ul style="list-style-type: none"> <li>▪ Immediately if emergency treatment is required</li> <li>▪ As soon as possible if not an emergency situation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emergency services first, then parish leader, parents, and diocesan staff in charge of the event.</li> <li>▪ Parish leader, diocesan staff in charge of the event, and/or parents</li> </ul>
Suicide thoughts or threat If a person is an immediate danger to themselves or others	Immediately	Parish leader, diocesan staff in charge of the event, and parents
Disclosure of physical or sexual abuse	Immediately	Parish leader, diocesan staff in charge of the event, and/or parents. This also needs to be reported to the appropriate authorities (government agency).

**Videotaping and Still Photographs:** Videotaping and still photographs may occur during this event. These may be used for marketing future events of this nature. Registration for this event constitutes permission for possible participation in videotaping and/or still photographs

As an adult chaperone for a parish attending this event, I understand my responsibilities and agree to abide by these guidelines.

Signature: \_\_\_\_\_

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