

# Individual Registration Form for Diocese of Joliet Ros-a-Ree Retreat / Camp Out

This Form Packet **MUST** be Sent Along with a **Signed Individual / Group Payment Form** for **ALL** Members of the Group

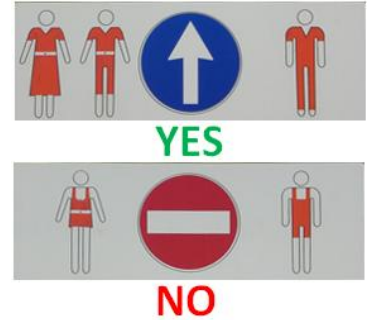
<b>WHEN:</b>	Friday, Aug 10 start at <b>7:30pm</b> (check-in starts at 5pm) until Sunday, Aug 12, 2018 (departure @ <b>12pm</b> )
<b>WHERE:</b>	St. Mary's Parish, 901 N. Center Street, Plano, IL 60545
<b>COST:</b>	\$45 Fee for Normal Registration / \$30 Early Bird Fee (if <b>ALL</b> paperwork is <b>RECEIVED</b> by 7/15/18). Note: You May Want to Bring Additional Money as There Will be Snacks & Items for Sale

**ADDITIONAL ITEMS TO BRING** (Beside the Usual Items for a Weekend Camp Out):

- |  |   |  |
|--|---|--|
| <b>Folding Chair / Bag Chair</b><br><b>Totem from Previous Year (if attended)</b><br>Scout Knife<br>Rosary | <b>Water Bottle</b> (on you at <b>ALL</b> times except in church)<br><b>Dress Uniform</b> (of your Organization)<br>Rain Gear<br><b>Bug Spray</b> | <b>Sack Dinner for Friday</b><br>Snacks (if needed)<br><b>Flashlight</b><br>Cheerful Spirit! |
|--|---|--|

**RULES / THINGS TO KNOW:**

- 1). Any and all medications for my child will be given to the adult leader of my child's group along with any required medical forms that my organization requires. My child's adult group leader will be responsible for the administration of the medication and the medical forms.
- 2). All attendees must obey their organizations, (AHG, BSA, GSUSA), and their chartering organizations, (church, school, VFW, etc...), rules and regulations as well as all local, state, and federal laws.
- 3). The use of electronics is prohibited (except leaders phones for emergencies only).
- 4). Dress is **VERY** Important. Shoes must be worn at all times and must be closed toe and closed heel. Please refer to the image to the right for the basic guidelines. Detailed information can be found at: <http://www.dioceseofjoliet.org/scouting/sectioncontent.php?secid=19>
- 5). All training required by your organization, (AHG, BSA, GSUSA), and its chartering organization, (if any), will have been successfully completed by attendee prior to the start of the event.
- 6). Everyone will act like a Christian gentleman or lady at all times and comply promptly with any requests made by adult and youth staff of the event.



100% Participation by **ALL** Attendees – Youth **AND** Adults - in **ALL** Events is Required  
(Exception for Optional Events) **AND** All Attendees Must Stay for the Entire Event



**ALL Fields Below MUST be Completed and it MUST be Signed – PRINT NEATLY - SEND ENTIRE FORM BACK (Do Not Cut)**

Attendee: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_ Parish Name & City: \_\_\_\_\_  
 AHG / BSA / GSUSA (circle one) Unit # / City: \_\_\_\_\_ / \_\_\_\_\_  
 Gender: Male / Female (circle one) # Years Attended Ros-a-Ree: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade in Fall, 2018 (if youth): \_\_\_\_\_  
 How Did Hear About This Event?: \_\_\_\_\_ Do You Need a Rosary (circle one): Yes / No  
 Ad Altare Dei Workshop Attendee? Yes / No (**ONLY** Applies to Those Youth Who **ALSO** Registered for the AAD Wrkshps in Oct. & Nov.)  
 Email (or Parents Email if under Age 18): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Food Allergies or Special Dietary Needs: \_\_\_\_\_

**I have read and agree to abide by all of the above as stated in this registration form.**

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

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

(Parent's Signature is Required if Attendee is under Age 18)

**Please Note: There Are Multiple Registration Form Pages Within This Packet for Each Attendee to Fill Out and Sign  
Please Keep Them **ALL** as Individual Documents (**DO NOT Print Them Double Sided**)**

**Youth Attendees:** Have **TWO** Pages to Fill Out and Sign / **Adult Attendees:** Have **THREE** Pages to Fill Out and Sign

**These Form Packets MUST be Sent Along with a Signed Individual / Group Payment Form for ALL Members of the Group**





### GENERAL PERMISSION FORM

I request that my child \_\_\_\_\_ be allowed to participate in the Ros-a-Ree Retreat at the St. Mary Catholic Church in Plano, IL (*place may vary*) in 2018. I hereby release and indemnify my parish, St. Mary's, 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 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.*

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

**If parent(s) can't be reached - In case of Emergency:**

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

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_