International Awareness Activity
(Grades 6-12)

When:
Saturday, April 18, 2020

Where:
Holy Resurrection Melkite Catholic Church
4611 Glenmawr Ave.
Columbus, Ohio 43224

What:
The most frequently heard comment from adult participants is: “Wow! This activity is the best kept secret in Columbus.”

This activity links the Scouting Movement and the Catholic Church from around the world. Learn about the extended Catholic Church which includes 23 different eastern churches. This activity is for any youth or adult, male or female. A fascinating and interactive activities and Mass are presented in the Holy Resurrection Melkite Church, an Eastern Catholic Church, in Columbus.

Come and learn of the history of the Eastern and Latin Catholic Churches.

Time: Check-in 8:30 am; Program: 9:00 am – 1:15 pm

Registration Fee:
$25.00/person by April 1, 2020,
$30.00/person after April 1, 2020,
(Registration Fee includes all items, Patch, Pin, Medallion and lunch.)

WHO MAY PARTICIPATE
Youth in Grades 6-12, parents, and leaders participate in a fast-moving Saturday morning of activities and inter-active discussions that provide fascinating historical information, lunch, International Pin, Patch and Medallion.

The Pope and International Catholic Conference of Scouting (ICCS) demonstrate their awareness of Scouting in the Catholic Church, throughout the world, by providing this opportunity for its members to meet together as friends in the Catholic Church.

Act Now! Register Today!!!
International Awareness Activity
Registration Form
(Grades 6-12)

Early Bird fee by April 1, 2020 is $25 per person. Regular registration fee after April 1, 2020 is $30 per person.

Mail to: Catholic Committee on Scouting, C/o Office of Youth and Young Adult Ministry, 197 E. Gay Street, Columbus OH 43215 or catholicscouting015@gmail.com

Name _______________________________ Home Phone ______________________
E-Mail _______________________________ Cell Phone ______________________
Home Address __________________________

Male [ ] Female [ ] Youth DOB ____________ Grade ______ or, Check here for Adult (18+) [ ]

Church/Parish __________________________

Scouts: Unit Number _______ Rank __________ Unit Leadership Position ____________
(If applicable)

Please list any dietary restrictions, allergies or related conditions. We will make every attempt to accommodate your needs. ________________________________

__________________________________

Each group is responsible for its own Health/Medical Forms + Tour Permits. These forms must accompany a group leader during the activity, or turn them in at Registration Table, upon arrival at the Activity.

RELEASE AND INDEMNIFICATION AGREEMENT
As the above-named participant, I hereby register for and commit to attend this activity/program. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for this activity. The undersigned parent/guardian releases and holds harmless the Diocese of Columbus and the diocesan Catholic Committee on Scouting, as well as any employee, agent, or representative thereof, from any and all liability, actions, causes of actions, claims, judgments, costs, or expenses arising out of, or in any way related to, injury, illness, or loss incurred by the participant while participating in or traveling to or from this activity.

CODE OF BEHAVIOR
Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian. The possession or use of alcohol, tobacco, drugs, or weapons of any kind, or foul language is not allowed. Participants must heed all directions of activity staff. Participants must respect the rights and property of others. Damage to or defacing of any property will be the financial responsibility of the participants involved and the participant’s parents/legal guardians.

PHOTO RELEASE
I hereby assign and grant to the Diocese of Columbus Catholic Committee on Scouting (DCCS) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by DCCS, and I hereby release the DCCS from any and all liability from such use and publication. I hereby authorize the reproduction, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the DCCS, and I specifically waive any right to any compensation I may have for any of the foregoing. (Note that the DCCS will use discretion in the use of the materials and will rarely associate real names with photos.)

I have read and understand all that is contained in this agreement. I understand that failure to abide by these requirements may result in a request to my parents/legal guardians to transport me from the premises.

Participant’s signature __________________________ Date ____________

Parent/guardian’s signature __________________________ Parent/guardian’s name (printed) __________________________ Date ____________
(Chaperones are considered participants at same Fee.)