Religious Emblem Coordinator Training
Religious Emblems and Counselor Training

When: Saturday, April 25, 2020
Where: St. Margaret of Cortona
       1600 N Hague Ave, Columbus, OH
Time: Check in 8:30 am
      Opening is 9:00 am – Closing is 3:30 pm
Fee: Early Bird Registration: $15.00 per person, by April 1
     (Includes Lunch): $20.00, after April 1

Who is Eligible, Tips and High-Lights

The BSA, in recognizing “A Scout is Reverent” as the important 12th point of the Scout Law, said that every Pack and Troop’s Parents’ Committee Chairman should appoint a Religious Emblem Coordinator, the same way a Secretary, Treasurer, Awards Coordinator and others are appointed. The REC coordinates the earning of Religious Emblems + Activities for all faiths.

The Pack or Troop will probably offer to pay for the training. Topics to be presented include:

- Religious Emblems and Religious Activities for all faiths
- Duties of a Religious Emblem Coordinator, with supporting handouts
- How to establish a tradition of each boy earning his Religious Emblem
- How to, at one time, conduct a Kick-Off for all faiths in the Pack or Troop
- How to set up a balanced annual schedule to include fun “A Scout is Reverent” activities
- Parents are always “Primary Counselors”; other Counselor Requirements and Tips

This annual training is the only known training for Religious Emblem Coordinators of all faiths. It is hosted by the Catholic Committee on Scouting for all faiths. Each Pack and Troop should send its REC and one or more interested parent helpers.

Get your questions answered and share your ideas with others.

Act Now! Register Today!!!
Early Bird fee is $15 per person by April 1. Regular Registration Fee after April 1 is $20/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 ______________________