

Catholic Camporee

(Grades 6-12)

When:

May 21 - 23, 2021, Fri - Sun

Where:

Saint Joseph Church
5757 State Route 383 N.E.
Somerset, Ohio 43783

What:

Taking the time to participate in a retreat can be enormously beneficial and fun. How would you answer, if a friend asked you to explain this year's Camporee Theme: "The Universal Church"?

Thanks to an energetic, and experienced Youth Staff, who run everything, you are assured to develop a great understanding of "The Universal Church", Their fast moving, inter-active delivery Will include games, new friends, stories, music, activities, good food, Adoration, Mass, and Reconciliation.

Adults will want to attend the Lay Apostolate Formation session.



Time: 6:30 p.m. (Fri) – 10:00 a.m. (Sun)

Registration Fee:

\$45.00/person by May 14, 2021,
\$50.00/person after May 14, 2021,
(Registration Fee includes meals,
activities/crafts, patch and camp cup.)

~ Who May Participate ~

- Any youth in Grades 6-12, parents, and leaders will enjoy great food, music, campfires, camp-wide games, crafts and sessions, led by youth staff. Mass will be celebrated Saturday afternoon. You can count on an amazing Spirit-filled Camporee. Your participation will make for more FUN and a special experience for everyone. It just will not be the same without YOU there!
- This weekend qualifies for the Ad Altare Dei "retreat" requirement. Let us know if you plan to attend the AAD orientation presentation this weekend!
- Participants will need to bring their own tents, sleeping gear and water bottle. All other dining utensils supplied. Troop/Group Camping is available with registration.

**The
Universal
Church**

Act Now!

Register Today!!!



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Registration Form

Early Bird fee, by May 14, is \$20 per participant and adult. person. Regular registration fee after May 14 is \$25 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 catholicscouting@columbuscatholic.org

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. 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 signature

Parent/guardian name (printed)
(Chaperones are considered participants at same Fee.)

Date