

Catholic Camporee

(Grades 1-5)

When:

Saturday, September 25, 2021

Where:

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

What:

All the other participants at the Camporee hear the sounds and noises coming from the six stations of fun and learning at the Grades 1-5 Camporee and they want to watch or join in on the activities and all the fun at each station. The activities are related to the Camporee Theme: "The Universal Church". The trail from one station to another is symbolic of our own spiritual journey, in which we learn what our role as a Christian is in the "The Universal Church"



Time: Check-in Saturday at 8:30 a.m.;
Starts at 9:00 a.m., ends after Mass

Mass: 4:00 p.m. Sat.,

Registration Fee:

\$20.00/person by Sept. 17, 2021,
\$25.00/person after Sept. 17, 2021,
(Registration Fee includes lunch,
activities/crafts, patch and camp cup.)

**The
Universal
Church**

Who May Participate ~

- Any youth in Grades 1-5, parents, and leaders. All participants will be in groups with others of similar age, which will help everyone get to know their group members through fun, learning exercises and activities.
- Participants will enhance the awareness of the Church. We are looking forward to a Spirit-filled Camporee. Your participation will make it a very FUN and special experience for everyone. It just will not be the same without YOU there!

Act Now!

Register Today!!!



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Registration Form

Early Bird fee, by Sept 17, is \$20 per participant and adult. person. Regular registration fee after Sept 17 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