

2010 CATHOLIC RETREAT-O-REE

AN OVERNIGHT CAMPOREE FOR BOY SCOUTS, GIRL SCOUTS AND VENTURERS

(Girl Scouts must be 5th grade or higher)



Sponsored by the Oakland and San Jose Dioceses

Friday, Saturday and Sunday,

October 8, 9, 10

BSA Camp Rancho Los Mochos, Livermore

Check In - Friday, October 8 beginning at 6 p.m.
OR Saturday, October 9 beginning at 8 a.m. (Program begins at 9 a.m.)
Program ends on Sunday at 10 a.m.

Scouts should come prepared for overnight camping bringing tents for all campers!
Warm clothes and sleeping bags are a must!

Cost is \$25.00 Per Scout (\$30 if registered from Tuesday 10/5 to Thursday, 10/7)
ADVANCE REGISTRATION IS REQUIRED TO ATTEND - NO REGISTRATIONS AFTER 10/7
First adult from unit is free, \$15 for all others.
Includes: Patch, Breakfast, Lunch and Dinner on Saturday and Breakfast on Sunday.

Individual scout registrations are welcome but units are encouraged to attend!
All units must be accompanied by at least two adults.

There **must** be an **adult female leader** with all Girl Scout groups.
Due to insurance regulations, only registered participants of scouting age and leaders may attend.

*To register, return the form below to:
Catholic Scouting, 2121 Harrison Street, Suite 100, Oakland 94612 by Monday, October 4
For more information phone Catholic Scouting at 510-893-5154 or email ghouse@oakdiocese.org
or (Oakland Diocese) Roger DeSousa 925-449-3015 or email radscouter@sbcglobal.net
or (San Jose Diocese) Marcy Keeler 408-946-7170*

SCOUT LEADER _____ PHONE _____

ADDRESS _____ CITY/ZIP _____

EMAIL _____ CELL PHONE _____

UNIT # _____ NUMBER OF SCOUTS _____ NUMBER OF LEADERS _____

CHECK ONE: Boy Scouts Venturers Girl Scouts Campfire

IMPORTANT!! DUPLICATE AND HAVE EACH SCOUT AND PARENT COMPLETE AND RETURN THE "PARENTAL PERMISSION, HEALTH AUTHORIZATION AND RELEASE FORM" ENCLOSED.

DIOCESE OF OAKLAND
CATHOLIC YOUTH ORGANIZATION (CYO)/ CATHOLIC SCOUTING
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL ACTIVITIES

○ Child's Name _____ Parish _____
Address _____ Phone _____
(Street, city, zip)

School _____ Grade _____ Birth Date _____

○ Parent/Guardians Name _____ Home Phone _____
Address _____ Work Phone _____
(Street, city, zip)

Cell Phone or other Number _____

○ IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN

PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

○ Family Physician _____ Address _____
Phone _____

○ Medical Plan _____ Plan Number _____

○ Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

○ List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: _____

Has your child had difficulty with the following? (circle all that apply):

| | | | | |
|--------------------|-----------------|-------------|----------|-------|
| Asthma | Fainting Spells | Convulsions | Diabetes | Heart |
| Eyes | Ears | Nose | Throat | Lungs |
| Menstrual Problems | Other _____ | | | |

List any physical restriction or restriction for any physical activity on the basis of medical condition: _____

State the date of your child's last physical examination: _____

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY PHYSICAL ACTIVITY.
(COMPLETE BACK OF FORM)

**Parental Permission and Acknowledgement of
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **THE CATHOLIC SCOUT RETREAT-O-REE** and all related activities, including but not limited to transportation to and from this activity.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from CYO staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of parish, school, or CYO program employees, agents or volunteers or other participants.
4. I/we understand that children competing in recreational programs risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other participants, other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities or the schools or parishes where activities are held, vehicle accidents while in transport or through the activity itself. Protective equipment used in an activity is not a safeguard against injury.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the activities of CYO, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in CYO activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any CYO activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

Date _____

Signature of Parent or Guardian

Date _____

Signature of Parent or Guardian