



Catholic Outdoor Adventure Day



Boy Scout Troop
Unit _____

Girl Scout Troop
Unit _____

American Heritage
Girls Troop
Unit _____

Trail Life Troop
Unit _____

Early Bird Registration:

\$10 ALL Participants (Scouts and Siblings ages 5 & up)

\$5 Parents Children ages 4 & Under FREE

Register by **November 25th!!** \$10 price increase per person the day of the event.

Walkups will NOT be guaranteed a bag and patch.

**** All youth must have a parent or Scout leader chaperone to participate ****

Parent name/Unit Leader/Advisor _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

**Best emergency phone number during event: _____ Name/relationship: _____

**Second emergency phone number: _____ Name/relationship: _____

Questions?? Contact Linda Byer at Linda.Byer07@gmail.com or (904) 483-6113

Pay and register online! DOS AFL.com/catholic-scouting/

Checks are payable to DOSA and mailed to Catholic Center, attn. Robin Shipley 11625 Old St. Augustine Road, Jacksonville, FL 32258.

fax: attn. Robin Shipley (904) 262-0698

***** ALL PAYMENTS ARE NON-REFUNDABLE *****

PERMISSION/REQUEST TO PARTICIPATE

My signature below indicates that I understand that participation in the activity involves a certain degree of risk. I have considered carefully the risk involved and I wish to participate/ give consent for my child(ren) to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Girl Scouts of America, Camp Fire, Venturing, the local councils, the Diocese of St. Augustine, the Bishop of the Diocese of St. Augustine, activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving me or my child(ren), I understand every effort will be made to contact me/my next of kin. In the event I/they cannot be reached, I hereby give my permission to the medical provider selected by the adult leaders in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me/my child(ren). Medical providers are authorized to disclose to the adult(s) in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up, and communication with the participant's parent/guardian/next of kin, and/or determination of the participant's ability to continue in the program activities.

PHOTOGRAPHY RELEASE

I give permission _____ I do not give permission _____ Parent Signature _____

...for photographs of me/my child(ren) at this event to be used by the Diocese of St. Augustine, GSA, BSA, CFUS, AHG, and VUSA for publication in print and online, including website photo galleries. I understand that these photographs will not be used for commercial sale and will only be used/displayed by DoSA, GSUSA, BSA, CFUSA, AHG, VUSA for promotion of the retreat and youth programs.

