

+Catholic Committee on Scouting

Annual Scout Retreat Registration Form

November 4, 2017

Pastoral Center Braintree, MA

Return completed form and \$20 fee to:

Office of Faith Formation & Parish Support
RCAB Pastoral Center - Scout Retreat
66 Brooks Drive
Braintree, MA 02184

Make checks payable to the Catholic Committee on Scouting

Name: _____

Street Address: _____

City: _____ State: _____

Date of Birth: _____

Parent/Guardian Email Address: _____

E-mail (for use in sharing more details about the retreat)

Rank in Scouting: _____

Religious Emblem working on, if any: _____

Has permission to participate in the Catholic Committee on Scouting - Annual Scout Retreat Saturday, November 4, 2017

With restrictions Explain: _____

Without restrictions:

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child 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 Archdiocese of Boston, Girl Scouts of America, Boy Scouts of America, the local council, the 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 my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult 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 parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/guardian printed name _____ Email Address _____

Parent/guardian signature _____ Date _____

Phone _____ Cell _____

(Area code and telephone number (best contact and emergency contact))