



## 2009 CCSCF RETREAT REGISTRATION FORM

October 24<sup>th</sup> and 25, 2009

(One form per participant)

Participant's Name \_\_\_\_\_

Participant's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone – Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
(Please include area code on all phone numbers)

Your Parish \_\_\_\_\_ Grade \_\_\_\_\_

Registered member of: Camp Fire \_\_\_\_ Girl Scouts \_\_\_\_ Other \_\_\_\_ (Name) \_\_\_\_\_

Unit type(Club, Troop) and Number \_\_\_\_\_

Special Needs \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

**The adult attending the retreat who will be responsible for youth participant.**

If no adult leader or parent can attend the retreat with the youth, you must call one of the contacts listed below to arrange for one of the retreat committee staff to be responsible for the youth at the retreat.

If parents would like to attend, we are looking for volunteers! Please complete the following.

*Volunteers will assist with retreat activities and must be Virtus Trained. .*

Please check all that apply:

\_\_\_\_\_ I can help in leading activities

\_\_\_\_\_ I can help in preparing meals

\_\_\_\_\_ I can help in serving meals

\_\_\_\_\_ I can help with the retreat Mass

\_\_\_\_\_ Other, please specify \_\_\_\_\_

EARLY BIRD REGISTRATION FEE ENCLOSED \_\_\_\_\_ \$17.00/per person

REGULAR REGISTRATION FEE ENCLOSED \_\_\_\_\_ \$20.00/per person

Mail Registration by: **September 28, 2009 – Early Bird Registration**

**October 16, 2009 – Regular Registration**

CCSCF – Catholic Retreat  
Diocese of Tulsa  
P.O. Box 690240  
Tulsa, OK 74169-0240

Make checks payable to: CCSCF  
Maps and additional information  
will be mailed upon receipt of registration

### RETREAT CONTACTS

Anne Daubney at 366-7354 - Dennis Zvacek at 250-8782,  
or email us at [tdccscf@catholic-church.org](mailto:tdccscf@catholic-church.org)

## Catholic Diocese of Tulsa

### CAMPER COVENANT OF CONDUCT

#### Registering Camper and Parent/Guardian **MUST** read and sign the following:

As a participant of the Catholic Committee on Scouting and Camp Fire Retreat, I understand that this retreat is an opportunity to have fun and grow in my Catholic Christian faith. I therefore agree to act in a Christian manner and abide by the rules and regulations given by the Retreat staff and the appointed adult representatives. I also understand and agree that retreat staff will notify my parents/guardians at the time of any infractions that may require my dismissal from the Retreat. I also understand that if I am dismissed while attending that I will be sent home at my own and/or my parents'/guardians' expense and upon dismissal the supervision/liability will become my parents'/guardians' responsibility.

➔ **PARTICIPANT CAMPER SIGNATURE:** \_\_\_\_\_

➔ **PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

### PARENT MEDICAL AND LIABILITY RELEASE

As a parent or guardian of the registrant, I request you accept my child or ward to be a participant at the Catholic Committee on Scouting and Camp Fire Retreat. I understand that the Retreat staff will take every precaution to minimize the real risk of physical harm and ensure my child's or ward's safety while in their care.

In case of medical or other emergency, I hereby give and grant my permission to any licensed physician, dentist, hospital or emergency service selected by the Director, or his/her representatives, to secure medical care and treatment including but not limited to any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for my child or ward named above. I also release the staff and his/her representatives, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my child or ward during their care. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the staff or his/her representatives are not able to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if I were personally present in any emergency or urgent situation affecting my child or ward.

On behalf of myself, my heirs, assigned executors and personal representatives, I release, hold harmless and discharge forever the staff, and his/her representatives, the Catholic Diocese of Tulsa, employees, sponsors, chaperones and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the Youth Retreat. I understand and agree to follow the registration guidelines listed on this form. I give my permission for my child to be photographed at camp and for the photographs to be used to promote future Youth Retreats.

➔ **PARENT'S/GUARDIAN'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

(Submit this form with your registration form and fees by the registration deadline)

CCSCF Retreat  
Health History Form

*This form must be completed for each retreat participant*

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ Date of last Health Examination \_\_\_\_\_

**Illness and injuries** (check all that apply):

- Ear Infection
- Hypertension
- Seizures
- Asthma
- Other \_\_\_\_\_
- Bleeding/clotting disorders
- Musculoskeletal disorders
- Heart defect/disease
- Diabetes

**Other conditions** (check all that apply):

- Bed-wetting
- Constipation
- Menstrual cramps
- Motion sickness
- Nosebleeds
- Wears glasses/contact lenses
- Other \_\_\_\_\_
- Emotional disturbances
- Fainting
- Hearing impairment
- Sickle cell trait/disease
- Sleep disturbances
- ADD/ADHD

**Allergies** (check all that apply; specify nature of reaction):

- Animals \_\_\_\_\_
- Pollen \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Food \_\_\_\_\_
- Plants \_\_\_\_\_
- Insect bites/stings \_\_\_\_\_
- Medicine/drugs \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

**Special dietary regimen:** (such as lactose intolerance, vegetarianism, and religious considerations) : \_\_\_\_\_

**Activities to be encouraged or restricted:** \_\_\_\_\_

**Medications** (List all medications and dosage instructions):

Reason for medication	Medication Name	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Upon retreat check-in, if parent is not attending with youth, medications should be checked in with the retreat first-aider. The first-aider will dispense medications.**

*By signing this form I agree the above information is true and accurate to the best of my knowledge.*

**Signature must be in ink.**

➔ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Submit this form with your registration form and fees by the registration deadline)