

# St. Cloud Diocesan Catholic Committee on Scouting

( Ad Altare Dei/Catholic Emblem Retreat)

September 10-12, 2010 -- Parker Scout Reservation

## REGISTRATION, HEALTH, MEDICAL RELEASE AND PERMISSION FORM

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Phone#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Local relative or contract person in case parents can not be reached:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Scout Troop/Pack #: \_\_\_\_\_ Scout/Pack Master: \_\_\_\_\_

Phone#: \_\_\_\_\_

Special medical considerations of which to be aware of:

\_\_\_\_\_

Medications to be taken: (list with dose instructions):

\_\_\_\_\_

\_\_\_\_\_

My son may be given, as necessary: Aspirin \_\_\_ Yes \_\_\_ No Tylenol \_\_\_ Yes \_\_\_ No

The ARRIVAL TIME for the retreat at Parker Scout Reservation is Friday, September 10, 2010 at 5:00 P.M.

The DEPARTURE TIME from Parker Scout Reservation is Sunday, September 12, 2010 at 11:00 P.M.

My child \_\_\_\_\_ has permission at attend the AD Altare Dei Catholic Retreat, and will be responsible for his own equipment. I also give permission to have my son's picture taken and/or name used as necessary. I hereby release all members of the Diocesan Catholic Committee on Scouting, church staff and adult leaders from any claims, loss,

damage, cost or expense arising out of or from any accident or other occurrence , causing Injury to person or property during this outing. I understand that the cost of this retreat will be \$ 38.00 per scout with an extra \$10.00 after August 31, 2010.

**IN CASE OF SICKNESS OR ACCIDENT/EMERGENCY, THE ADULTS IN CHARGE HAVE MY PERMISSION TO SECURE MEDICAL CARE FOR MY SON.**

Parent/Guardian Signature:\_\_\_\_\_ Date: \_\_\_\_\_

Enclosed is my \$ fee for the cost of the retreat along with this permission form. Make checks Payable to “The Catholic Committee on Scouting.” Send this registration form to (Margie Bodde)909 Janes Cir DR SW, Alexandria, Mn 56308.