



Family Registration
2014 Outdoor Adventure Day
The Game of Your Life

Virtus Training _____
 Fingerprint _____
 Last 4 digits of SSN _____

_____Registration (received in Office of Christian Formation with payment not later than **11/17/2014**) 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.

Printed Name of Parent/Guardian _____ Parent/Guardian Signature _____ Date _____, 2014.

PHOTOGRAPHY RELEASE

I give permission _____ signature
 I do not give permission _____ signature

...for photographs of me/my child(ren) at this event to be used by the Diocese of St. Augustine, GSUSA, 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.

GOOD CONDUCT AGREEMENT

Youth initials in the "Youth Conduct Agree" box below indicates agreement to good conduct/behavior at the event. Unsatisfactory/unsafe conduct may result in the youth being sent home without refund of fees.

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

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

| Fri | Sat | Last Name | First Name | Pack/Crew/ Troop/ Group Number | Grade K-12 Or Under 5 yrs. | Parent or Sibling P or S | Youth Conduct Agreement Initials | Medical condition and/or allergy which may or may not limit participation. |
|-------|-------|-----------|------------|---|--|-----------------------------------|---|---|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PAYMENT

Total due \$ _____ .00 NON-REFUNDABLE

Friday only

Scouts _____ x \$3.00 = _____ .00
 Siblings _____ x \$3.00 = _____ .00
 Parents _____ x \$3.00 = _____ .00

Saturday only

Scouts _____ x \$15.00 = _____ .00
 Siblings _____ x \$7.00 = _____ .00
 Parents _____ x \$7.00 = _____ .00

Checks are payable to DoSA-OCF and mailed to Catholic Center, 11625 Old St. Augustine Road, Jacksonville, FL 32258.
 Download credit card form from www.dosaformation.org under Registrations.
 Fax with registration form to 904/262-0698 or scan and email to cformation@dosaf1.com



Outdoor Adventure Day *“The Game of Your Life” Living as Saint Augustine”* Saturday, **December 6, 2014**

Plus
Overnight stay for **volunteers** on
Friday, **December 5, 2014**

Have you ever felt you could do better in school? Do you ever wonder why you may get in trouble? Do you feel some of your friends make you feel sad or lonely? You're not alone! St. Augustine felt the same way you do! Come join us for an amazing day of exciting events and learn at the same time how St. Augustine changed his life from boring to soaring!

On Saturday, we'll have fun activities that include a climbing wall, archery, BB range and more, while learning about our patron, Saint Augustine and how Jesus changed his life. Lunch is included for all who register. Participants will receive patch and materials and goodie bag for the day. We will end the day with Mass. This retreat is for **ALL** (BSA, GSA, AHG) Scouts of **ALL** ages, Campfire, and Venturers, as well as their parents, siblings, and leaders. This retreat counts for those who are working on their Religious Medals.

This year, we are offering Friday night camping for all of the Saturday volunteers and their families. All those over 18 must have background clearance in order to stay over. Breakfast will be provided for these volunteers and their families. Volunteers will receive staff patch and goodie bag.

Where: St. Johns River Base at Camp Echockotee | 2513 Doctors Lake Dr. | Orange Park, FL

When: Friday night check-in starts at 5:00 PM — Saturday check-in starts at 8:00 AM.
Saturday Activities Start at 9:00 AM — Mass begins at 4:30 PM

Cost: Friday & Saturday — for Scout volunteers: \$3.00 — each
for parent volunteers & siblings: \$3.00 each
Saturday Only — for Scouts: \$15.00 — for parents & siblings: \$7.00

Youth must have a parent or scout leader chaperone to participate.

Deadline to register is: November 17, 2014

Questions? Volunteering? Contact:

Phyllis Saxon at saxonj@comcast.net cell: 904-608-9836 or

Linda Byer cell: 904-483-6113 linda.byer07@gmail.com

Large numbers of Adult and Youth Volunteers are needed!!!

Youth volunteers should be 14 years and older.

Payment issues contact Erin McGeever at emcgeeever@dosaf1.com.



**This is a Scouting Day Event so be Prepared!
Bring your Scouting Spirit and remember: “A Scout is Reverent.”**