

Photo Release

I grant permission that any pictures taken of my child during this event may be used in future Catholic Scouting/Youth Ministry brochures and web sites Yes No

Youth Code of Conduct and General Rules

Both a parent and the participant must read over the rules carefully and then sign and date.

BOUNDARIES - All participants MUST remain within the given boundaries and areas of the event.

NO BEER, LIQUOR, ILLEGAL DRUGS, ETC - These substances are not to be brought to the event or used any time during the event. Violators will be sent home.

BEHAVIOR AND DRESS CODE - All delegates are expected to behave and dress in an appropriate manner throughout the event. The following dress code must be followed throughout the event:

No clothing with advertisements for alcohol, drug, or cigarettes, and no inappropriate slogans or designs.

Sweaters, shirts, and dresses must cover the stomach/midriff.

No Extremely low-rise jeans or slacks (or clothing that is rolled down to reveal areas below the waist).

Skirts, dresses, and shorts/skirts can be no more than 5 inches above the knee.

Dresses should be appropriate in length and style and should not be revealing.

RESPECT THE STAFF - All Event Staff, Security and Event Chaperones will be given the participant’s respect, courtesy and cooperation during the event.

SICKNESS AND INJURY - Any sickness or injury during the event should be reported to a member of the event staff.

CELL PHONES - No cell phone use will be permitted during the event. Any emergencies can be reported to a staff member.

RULES - Any serious infraction of the rules warrants a call to your guardian and/or your parish priest, and your immediate dismissal from the event. There will be no refunds for anyone dismissed from the event. To maintain safety and security for all participants, as well as to protect the reputation of the Diocese of Ogdensburg, we ask you to report any infraction of the retreat rules to a member of the Staff immediately.

Failure to follow this code of conduct and all other rules provided at the retreat could result in the dismissal of the youth participant. If dismissed it is the responsibility of the parent/guardian to arrange for pick up of their child at their own expense.

I, the participant, have read the rules of conduct, the above evaluation of my health and permission to participate in the event. I agree to abide by the stated personal limitations and code of conduct.

Participant signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Catholic Scouting Office and its staff of any liability against personal losses of named participant.

I/We, the undersigned have legal custody of the participant named above, a minor, and have given my/our consent for him/her to attend events being organized by Catholic Scouting of the Diocese of Ogdensburg known hereafter as the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its priests, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our participant involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above. I/We also agree to bring my/our participant home at my/our own expense should they become ill or if deemed necessary by the Church.

Parent/guardian Signature: _____ Date: _____

**Return these forms with payment to: Mr. Robert Buholtz, Retreat Coordinator
153 Private Rd Stillwater
Lowville, NY 13367
(315) 376-8876**