

JUMP START WORKSHOP

St. Mary Catholic Church

251 N. Main St. - Marion, OH - 43302

May 2, 2018 6:45 - 8:15 P.M.

Registration Fees

Before May 1, 2018 - Free
After May 1, 2018 - \$5:00/person

Participants will need to bring the correct Religious Emblems Book, or may purchase the correct book at the Workshop. Prices range from \$3.50 to \$5.00/ book.



CUB SCOUTS/BOY SCOUTS

GIRL SCOUTS

RELIGIOUS MEDAL TRAINING



Program Overview

The Jump-Start Workshop provides the Scouts with a "Jump-Start" toward earning their next Religious Emblem. Dependent on registration and number of participants for each Emblem, an adult Table Facilitator will lead the youth and parents through an overview of the selected Emblem Program. The Jump Start Workshop provides a way for the youth to enjoy and complete their selected Emblem program during the summer, when they have the most free time.

Programs Offered

Girl Scouts

Family of God
I live My Faith
Marian Medal
Spirit of Life

Patch Programs

Rosary
American Saints
Pope John Paul II

Cub Scouts

Light of Christ
Parvuli Dei

Boy Scouts

Ad Altare Dei
Pope Pius XII

What: First Start Work Shop

When: May 2, 2018 6:45 - 8:15 PM

Where: St Mary Catholic Church
251 N. Main St. Marion, Oh 43302
www.marionstmary.org

Questions

Email: catholicscouting015@gmail.com

NOTE: Ad Altare Dei Orientation Meeting: This required meeting will occur in the Boy Scout group meeting of the Workshop



Jump Start Workshop

Activity Registration Form

Early Bird fee by May 1 is FREE. Regular registration fee after May 1, is \$5 per person.

Mail to: Catholic Committee on Scouting, P.O. Box 2222, Westerville, OH 43086 or catholicscouting015@gmail.com

Name _____ Phone _____

E-Mail _____

Home Address _____

Male [] Female [] Youth DOB _____ Grade _____

Religious Emblem _____ I will have my own book Y | N

Church/Parish _____

Scouts: Unit Number _____ Rank _____ Leadership Position _____

Please advise of any dietary restrictions, allergies or related conditions. We will make every attempt to accommodate your needs. _____

Each group is responsible for its own Health/Medical Forms + Tour Permits. These forms must accompany a group leader during the activity, or turn them in at Registration Table, upon arrival at the Activity.

RELEASE AND INDEMNIFICATION AGREEMENT

As the above-named participant, I hereby register for and commit to attend this activity/program. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for this activity. The undersigned parent/guardian releases and holds harmless the Diocese of Columbus and the diocesan Catholic Committee on Scouting, as well as any employee, agent, or representative thereof, from any and all liability, actions, causes of actions, claims, judgments, costs, or expenses arising out of, or in any way related to, injury, illness, or loss incurred by the participant while participating in or traveling to or from this activity.

CODE OF BEHAVIOR

Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian. The possession or use of alcohol, tobacco, drugs, or weapons of any kind, or foul language is not allowed. Participants must heed all directions of activity staff. Participants must respect the rights and property of others. Damage to or defacing of any property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.

PHOTO RELEASE

I hereby assign and grant to the Diocese of Columbus Catholic Committee on Scouting (DCCS) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by DCCS, and I hereby release the DCCS from any and all liability from such use and publication. I hereby authorize the reproduction, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the DCCS, and I specifically waive any right to any compensation I may have for any of the foregoing. (Note that the DCCS will use discretion in the use of the materials and will rarely associate real names with photos.)

I have read and understand all that is contained in this agreement.. I understand that failure to abide by these requirements may result in a request to my parents/legal guardians to transport me from the premises.

Participant's signature

Date

Parent/guardian signature

Parent/guardian name (printed)

Date