

SANTA MARIA

Grades 6-12

When:

October 21-22, 2017, Saturday/Sunday

Where:

Jubilee Museum,
57 S. Grubb St.
Columbus, Ohio 43215

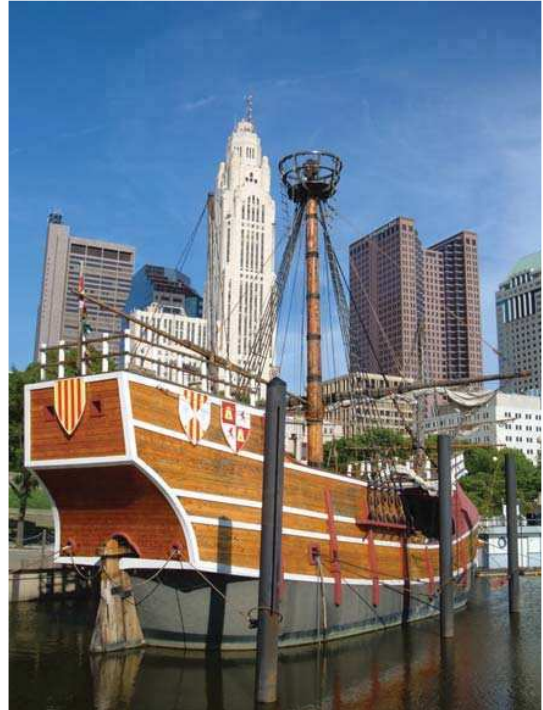
Vertical Adventures
(Saturday evening)

What:

The Catholic Committee on Scouting, Diocese of Columbus, presents the beautiful Santa Maria Medal below to each participant who completes this adventure.

The entire activity is easy going..."a boatload of memories".

The fee covers all meals, overnight lodging, program fees, materials, and emblem.



Santa Maria



Time: 21-22 October, 2017
Starts Saturday at 1:00 p.m.;
Concludes after Sunday Latin
Mass at 8:30 a.m.

Registration Fee:

\$40.00/person by Oct. 1, 2017,
\$45.00/person after Oct. 1, 2017,
(Registration Fee includes emblem, meals,
climbing fees, and activity supplies.)

~ WHO MAY PARTICIPATE: ~

This activity is available to any male or female youth, in at least grades 6-12, and any adult. This history and adventure filled activity begins Saturday at 1:00 p.m., when the Crew, Parents and Leaders sign in on the Ship's Log in the Jubilee Museum Auditorium. After an authentic Sailor's Stew Supper, all participants will car pool to Vertical Adventures 6513 Kingsmill Ct., Columbus, Ohio, 43229. After a fun and challenging climb in the rigging, all participants will return to the Jubilee Museum for a "Saturday Night at the Movies", with popcorn and juice. After the movie, the Crew will clean up the Deck and lay out their sleeping bags for a sailor's typical night of rest. Sunday morning, the closing ceremony will be held after the 8:30 a.m. Latin Mass, at Holy Family Church

Act Now!

Register Today!!!



Santa Maria

Grades 6-12

Activity Registration Form



Early Bird fee by Oct. 1, 2017 is \$40/person. Regular registration fee after Oct. 1, 2017 is \$45/person

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

Name _____ Home Phone _____ Cell Phone _____

E-Mail _____

Home Address _____

Male [] Female [] Youth DOB _____ Grade _____ or, Check here for Adult (18+) []

Church/Parish _____

Scouts: Unit Number _____ Rank _____ Leadership Position _____
(If applicable)

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